Clinical Lectures
ON
DISEASES OF THE CHEST.

Delivered at Charing-cross Hospital,

BY HYDE SALTER, M.D., F.R.S.,

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, PHYSICIAN TO CHARING-CROSS HOSPITAL, AND LECTURER ON THE PRINCIPLES AND PRACTICE OF MEDICINE AT ITS MEDICAL SCHOOL.

LECTURE II.

ON CASES ILLUSTRATING THE INFLUENCE OF CONVECTION IN DETERMINING THE SEAT OF CARDIAC MURMURS.

(*Concluded from p.* 194.)

CASE 4.—I have just seen an interesting case, in private practice, well illustrating the effect of convection in localising cardiac murmurs, and transferring them from one place to another. It was that of a gentleman, aged twenty-six, who had rheumatic fever eight years ago, and has had it four times since—the last time two years ago. The heart was affected on the first occasion, and well-marked symptoms of heart mischief have existed from that time. On the subsequent occasions it apparently escaped. On examining the heart, I found at the apex a most distinct and conspicuous diastolic murmur, following a natural first sound. On going to the base, where of course I expected to hear it still plainer, I found no murmur at all: a sharp, strong first sound succeeded by a dull and ill-defined second sound, *but not a trace of murmur.* I thoroughly explored the whole of the base, and examined it again and again, but always with the same result. There could be no doubt, I think, that the murmur I heard at the apex indicated aortic regurgitation: I do not see what else it could have been. It was distinctly and sharply diastolic in time, and not presystolic. Now I think there is only one thing that a diastolic endocardial murmur can indicate, at whatever point it is heard: it must be caused by blood entering a ventricle (right or left) at one of its orifices, either backwards from the artery, or forwards from the auricle. Experience tells us that a murmur generated by blood entering the ventricle from the auricle is never diastolic in time—is always presystolic; never at the time of passive filling of the ventricle, but always at the time of its active filling by the auricular contraction. There remains therefore nothing but the reflux of blood through the aortic or pulmonic orifice as the sole possible agent of an endocardial diastolic murmur. We may entirely set aside the idea of this murmur being pericardial: the character of the sound, its singleness and diastolic period, and the absence of any rheumatism or acute symptoms for two years, all forbid the idea. Moreover, there was well-marked regurgitant pulse. It was quite certain, then, that the murmur, so plain at the apex and inaudible at the base, was due to aortic regurgitation; that is, that the stream of blood flowing down towards the apex carried thither the sonorous vibrations of which conduction failed to give any evidence in the immediate neighbourhood of their production. Here, then, we had a basic murmur inaudible at the base, and heard only at the apex. How easy would it be, unless carefully checking the time of its occurrence, to mistake such a murmur for an apex murmur; and how well does such a case illustrate the potency of convection, and the importance of recognising its influence on the localisation of morbid heart sounds.

The following case, which came under our observation last December, illustrates, as I believe, the same point—namely, an aortic regurgitant murmur inaudible over the aortic valves, but audible at the apex.

CASE 5.—Harriet S——, aged forty-four, short, very stout, and with a large abdominal tumour, was suddenly seized, when running after her husband, who is blind, and whom she had missed in the street, with an agony in the chest passing through to the back, and extending to the left side; it was accompanied with a feeling of compression, as if the chest was in a vice, a complete stoppage of the breathing, and a sense of impending death from suffocation. She became unconscious, and fell down. On recovering her consciousness she found the agony through her chest continuing, and the same oppression of the breathing. The accident happened at half-past three, and so breathless did she remain that she was not able to get out a single sentence till ten at night: all this time the agony was extreme, but at ten o'clock it a little abated, and the dyspnœa subsided sufficiently to allow her to speak. On falling, she fell with her chest against the kerbstone, and almost immediately after the fall coughed up nearly half a pint of blood. Ever since the first seizure she has been unable to take the slightest exertion without bringing on the same sensation. Only last Sunday, when, coming out of church, she took a few quick steps, as it was raining, she felt all the same symptoms—her breath was gone, she was unable to speak, and would have fallen unless her husband had supported her. Any mental agitation throws her into a similar paroxysm. On many nights since the first seizure she has been attacked in her sleep, and has been unable to recover herself for some moments. All her attacks are characterised by the same three elements—the agony through the chest, the feeling of impending death, and the breathlessness. Previous to the accident she never had any such symptoms in her life, and in spite of her stoutness could walk as nimbly and actively as anybody; from that time all exertion has been impossible.

On examining the heart, I found the sounds at the base tolerably clear, with only the slightest possible blowing at the systole, heard best at mid-sternum opposite the third cartilage, less distinct at either cartilage. There was, however, I found, a very distinct diastolic murmur (not presystolic) heard at left apex; not at the right, nor over the right ventricle. On a subsequent occasion I have the following entry in my note-book:—"I hear the systolic basic murmur louder a little, I think, at the right margin of the sternum than at the left: not a trace of a diastolic. At the apex, however, a distinct, clear, prolonged diastolic murmur (distinctly diastolic, as before, not presystolic). I find this, however, very distinct at the lower sternum; I am not sure that it is not more distinct there than at the true left apex, though I can hear the sound quite plainly to the axillary side of the apex."

I cannot but believe that this was a case of rupture of the aortic valves; it was evidently a case of some sudden catastrophe happening to the heart in a woman of unusual obesity, weighted moreover with an abdominal tumour, under the stress of strong emotion, and making violent exertion—just such a state as rupture of a valve would be likely to occur in. She never had cardiac symptoms before; she has never been free from them since. Now, if the case was one of rupture of the aortic valves, regurgitation, and therefore a regurgitant murmur, would necessarily follow. There is, moreover, the same reason for saying that an apex murmur, distinctly diastolic and not presystolic, can mean nothing else than aortic regurgitation, as in the last-mentioned case. Here, then, is another example of a murmur basic in the seat of its development, but inaudible at the base and revealing itself at the apex.

CASE 6.—An equally interesting case has just left the hospital, furnishing a curious violation of the laws of conduction and convection which I have been endeavouring to explain and illustrate to you. Jessie H—— was admitted with acute articular rheumatism on Feb. 15th, and on her admission a systolic basic murmur, audible along the great vessels, was all that was heard. On the 25th the following entry was made:—"A double bruit has for the last few days been audible at the base. At first it was accompanied with a flat, moist, clicking sound, and there was some doubt as to whether it was an endocardial or pericardial sound, but now it has acquired more of a distinctly blowing character, and seems to be undoubtedly endocardial." On March 1st the following note was added:—"The double aortic murmur remains the same. In examining the heart to-day this singular fact is noticed, that at the base no second sound is audible, but at the apex the second sound is distinctly heard."

There is a case, in one point so analogous to this, in Dr. Walshe's work on Diseases of the Heart, that I cannot forbear reading it to you. It is in the Appendix, and is headed "Diastolic Basic Thrill." He says: "I have within the

last few days seen, with Dr. Reynolds, a case of very highly-marked diastolic basic murmur, in which, although the patient cannot be said to be positively anæmic, a well-defined thrill attends the reflux through the aortic orifice. This diastolic thrill is better conducted upwards, above the heart's base, than, as the connected murmur, downwards towards the ensiform cartilage. It is not unworthy of note, that though the murmur is extremely loud at the base, a perfectly well-defined second sound, without murmur, is heard at the left apex."

Now, there are in this singular case two points of interest: one that I can understand, and one that I must say I cannot. I can understand why convection should bring the basic murmur down towards the ensiform cartilage, and leave the thrill, with which it was connected, at the base, conducted to the chest-wall in the immediate neighbourhood of its production. But I cannot understand how, with a regurgitant murmur, and the blood flowing down from the aorta into the ventricle towards the apex, a well-defined second sound should be heard there without murmur.

It is in this, to me, unintelligible part that this case resembles that of Jessie H——. It is just the reverse of what I should have thought the laws of convection would have brought about, and just the reverse of what they did bring about in the case of W——, which I have already related to you, in the case of my private patient, and in the case of Harriet S——. In the case of W——, if you remember, which was one of mitral disease, a natural first sound was heard at the apex unattended by murmur, while a regurgitant murmur, unattended by the natural element of the first sound, was heard in the axilla and back—that is, the natural valve-sound was heard at the part *from* which the blood was flowing, while the murmur was heard near the cavity *to* which it was flowing. In this case of Dr. Walshe's, and in that of Jessie H——, the murmur was heard at the part *from* which the blood was flowing (the aortic orifice), and the natural sound at that *to* which it was flowing (the ventricle).

If the murmur had been heard at the base *together with* the second sound, and the murmur *alone* at the apex without any second-sound element, I could have understood it; because I could have understood that the refluent blood might have carried the murmur to the apex by convection, though conduction might have failed to transmit so far the shock of the closing aortic valves.

The only explanation that I can imagine of it is, that the regurgitating stream was so slender that it did not reach the apex—that it was a mere fine squirting, through a narrow chink, of a score of drops or so, and that, perhaps, in a direction not towards the apex,—and thus that convection was not engaged at all. The fact that the closure of the valves was sufficiently good to produce a natural second sound, audible at the apex, is almost a proof of this.

Is it possible that the regurgitation in these cases was through the pulmonic valves, and not the aortic? In Dr. Walshe's case, the fact that the murmur was audible at the lower sternum, and not at the left apex, would be compatible with such a supposition, great as are the probabilities against it in other respects. In the case of Jessie H——, I was unable, from the patient's suddenly wishing to leave the hospital, to make any further investigations.

What, gentlemen, I wish to impress upon you by this lecture, and by the cases to which I have directed your attention, is that the seat of a cardiac murmur is often displaced to a considerable distance from the seat of its generation, and that a frequent cause of this displacement is the agency of convection. Why a murmur should be so transferred in one instance and not in another, it is difficult to say. I find it at present *impossible* to say. The whole subject is involved in difficulty. The daily practice of critical auscultation reveals anomalies in cardiac murmurs that suggest interesting speculation at every step. Doubtless there are other factors concerned in these irregularities besides convection, involving, perhaps, anatomical considerations or peculiarities of morbid changes in individual cases. One of these days we may become as familiar with the law of these aberrant cases as we now are with that of what may be called normal murmurs. At some future time I hope to treat the whole subject of the Localisation of Cardiac Murmurs in a broader and more general way. In the meantime, you must accept these remarks as a contribution, as far as convection goes, towards such an object.

ON THE USE OF CHLOROFORM IN THE CURE OF CLEFT PALATE.

CASES; WITH REMARKS.

BY THOMAS SMITH, F.R.C.S.,
ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S, AND SURGEON TO THE HOSPITAL FOR SICK CHILDREN.

IN October, 1867, I presented to the Royal Medical and Chirurgical Society a paper on the "Cure of Cleft Palate by Operation in Children." In this I advocated the performance of the operation in early life, and described a species of gag by the aid of which the operation could be done under the influence of chloroform. A plan of operation was also described, more rapid of execution, and entailing less violence on the soft parts, than the method in ordinary use, and therefore more suited to the delicate tissues of young children. The advantages expected to result from the plan advocated were—1. The painless performance of the operation on patients of any age. 2. A much better result as regards articulation when the operation is done in early life than when the cure is postponed until the usual age for operation. 3. The more complete cure of clefts in the bony palate, owing to the more vigorous bone-producing property of the periosteum in early life. The data upon which these expectations were founded were derived from the results in eleven cases—all that I had at that time operated upon. The experience of myself and others during the last two years, and a much larger number of cases, have justified the expectations I formerly entertained.

Cleft soft palate.—The patient was a stunted childish girl, aged thirteen, who was sent to me by Dr. Priest, of Waltham Abbey. Her articulation was very imperfect; the entire soft palate was cleft. On March 27th, 1867, I operated under chloroform at St. Bartholomew's Hospital. Four fishing-gut sutures were introduced; the palato-pharyngeus and levator palati muscles were divided on both sides. The girl was fed on fluid nourishment, and, as she seemed to flag, nutrient enemata were added. Eight days after the operation the sutures were withdrawn, the cleft being completely united and the symmetry of the palate perfect. Dr. Priest reports on Jan. 9th, 1868, the following:—"The girl C—— continues to improve; her articulation is much better; she talks more distinctly; and I am in hopes that in a few months, if she is careful, very little trace of her infirmity will remain."

Cleft soft palate.—S. B——, a girl, aged two years and eleven months, a healthy-looking child, was brought into the Children's Hospital on August 27th, 1867. There was a complete cleft of the soft palate; the hard palate was not involved. The child could scarcely speak. Food and fluids returned through the nostrils when the child swallowed very hastily. The edges were pared, and four sutures were passed, the two lower horsehair, the two upper very fine gut. The palato-glossus and palato-pharyngeus muscles were both notched. The levatores palati were cut; two oblique cuts were made above, as there was at this point some tension. The whole fitted exactly.

The next day (the second after the operation) the eruption of scarlatina appeared; soon afterwards the sutures separated, and the child left the hospital before convalescent, with the wound wholly disunited.

Oct. 11th.—I operated again, using two horsehair and one gut suture.

21st.—Mother reports that part of the palate is united.

Nov. 11th.—I saw the child, and the cure appeared to be complete, except a small hole, as big as a No. 6 shot, just in the middle of soft palate.

12th.—Two sutures withdrawn.

Jan. 9th, 1868.—A small hole about the size of a No. 2 catheter still remains in the centre of the soft palate. The mother reports that the child can "say anything." As this hole does not produce any sort of inconvenience, no further operative measure has been adopted.

L. A——, aged three years and two months, a healthy

country child, has a cleft of the entire soft palate, and of the posterior part of the hard.

June 1st, 1867.—The edges were pared, and three sutures were introduced, the two lower ones being of fishing gut, the upper of silver wire. Four days after the operation the child was seized with scarlatina; and a day or two later it was evident she had whooping-cough. For a few days the palate remained united; but subsequently it gave way in its whole extent.

Oct. 12th.—I again operated under chloroform; and four gut and one horsehair sutures were introduced. The palato-pharyngei were divided, and oblique cuts were made above.

Nov. 4th.—A considerable part of the velum has united. There still remains an opening in the roof of the mouth, measuring three quarters of an inch in its long diameter.

Dec. 16th.—I passed a horsehair suture through the uvula, and a gut suture in the upper part of the soft palate. Three days afterwards she was attacked with mumps. The uvula has united. The child's power of articulation has much improved.

June 6th, 1868.—The mother reports that she has "given up the idea of having anything more done to the palate, as the child gets on famously with her talking."

Double harelip; complete cleft of the hard and soft palate; eversion of the intermaxillary bone, and deficiency of the columna nasi.—Henry M——, aged five years, was admitted into the Children's Hospital August 20th, 1867. Four years before I had operated upon the harelip. At the date of the operation on his palate, the cleft in the alveolar process had united, and almost the anterior half of the divided hard palate had coalesced; there was therefore a cleft of the soft palate and of rather more than half of the hard.

The operation on the soft palate was performed under chloroform on August 20th. Five sutures were introduced, one of silver and four of fishing-gut. The levatores palati were divided, and small oblique incisions were made just at the upper part of the soft palate. Seven days afterwards the sutures were removed under chloroform. Three weeks afterwards the soft palate had united, except at its lowest part, and the uvula, which was still cleft.

Oct. 22nd.—His articulation has greatly improved; the hole between the hard and soft palate is diminishing.

June, 1869.—He has good power of articulation, except for sibilant sounds. There remains still a cleft in the bony palate, very narrow, but a full inch in length. He is to come to the hospital in August for the cure of this.

Cleft of soft and half the hard palate.—K. H——, a girl aged four years and eleven months, was recommended to me by Dr. West. The palate was widely cleft, ending in front in a rounded margin, and not running to an angle, as is usual. The palatine arch is high; food and fluids occasionally return through the nostrils, unless great care is taken in deglutition. Considering the amount of deformity, the articulation is unusually good, though indistinct and guttural.

June 12th, 1869.—Under chloroform, the edges of the cleft were pared, the muco-periosteum was detached from the bony palate above, and eight sutures were passed, those in the soft palate being horsehair and the others fine silver wire.

The next day the child suffered severely from chloroform sickness. She only began to take nourishment effectively on the second day after the operation. On the sixth day four of the sutures were cut, and next day were removed. On the eighth day the remaining sutures were taken out.

23rd.—The patient returned to the country with a small round hole at the junction of the hard and soft palate, and a little chink at the anterior angle of the fissure.

July 3rd.—The hole in the soft palate has closed, and there remains a very small opening at the anterior angle of the cleft in the hard palate.

Cleft of hard and soft palate.—Annie W——, aged eleven years, admitted into St. Bartholomew's Hospital on the 21st of September, 1868. She was a feeble, unhealthy child, suffering from deficient circulation. The entire palate was cleft, except the anterior part of the alveolar process. There had been a harelip, which had been closed in early life. Palatine arch very high; soft parts very scanty; articulation very imperfect.

Sept. 21st.—Under chloroform the soft palate was closed with four horsehair sutures. The palato-pharyngei were divided, and oblique cuts were made above to lessen the tension. At the end of a fortnight only the lowest part of the palate had united.

May 12th, 1869.—The child being in stronger health, under chloroform I closed the whole cleft in both the hard and soft palates. There was more tension than one would have wished; but this was owing to the scanty supply of soft parts. The wound was united by several silver sutures.

Four days after the operation one suture was removed; on the fifth day three more were removed; and at the end of a week the rest were taken out.

July 6th.—The friends report that there is one very small hole in the hard palate, and one as large as a pea just where the hard and soft palate join. Should these holes not close by the contraction of cicatrisation, a small operation will be sufficient to obliterate them.

Cleft of soft palate in an adult.—W. C——, aged twenty-one, a healthy young man, was admitted into St. Bartholomew's Hospital on the 10th of April, 1869. The entire soft palate was cleft. The posterior margin of the hard palate was also notched; but here the deficiency was bridged over by soft parts. His power of articulation was unusually deficient for one in whom the soft palate only was affected. Under chloroform the palate was united, two horsehair sutures being used for the uvula, and four silver sutures for the palate. At the end of a week all the stitches were removed, and the palate was found completely united. In this case the palato-glossi and palato-pharyngei were greatly hypertrophied. They were, therefore, freely divided at the operation. The levator palati muscles were not cut.

Cleft of the soft palate in an adult from syphilitic ulceration.—E. T——, a girl, aged twenty, was admitted into St. Bartholomew's in May, 1869, suffering from a short, broad, median cleft of the soft palate; it measured about an inch in length, and resulted from ulceration occurring two years ago. Food and fluids were very apt to return through the nostrils, and the voice was nasal in tone.

May 14th.—The edges were pared and brought together by three horsehair sutures, and the palato glossi and pharyngei were divided. At the end of a week the patient was discharged cured.

Cleft of soft and hard palate in an adult.—A. H——, a woman, aged twenty-four, was admitted into St. Bartholomew's in October, 1867. She had complete cleft of the soft palate, and about half the hard; the cleft was unusually wide, and the soft parts scanty. Her articulation was very indistinct, and her voice most disagreeably resonant.

Oct. 30th.—I operated upon the soft palate under chloroform, closing it with four sutures of fishing gut, dividing the palato-pharyngei and the levatores palati muscles, and making oblique cuts above to relieve the tension. On the ninth day one suture was removed, and on the eighteenth day the others were taken out. The soft palate had united, but there remained a gap between the hard and soft palate measuring an inch and an eighth in length. Three months later this had contracted to less than five-eighths of an inch, when Mr. Coleman was good enough to make for her a vulcanite obturator.

To these instances of the use of chloroform in the cure of cleft palate I could adduce several more, derived from my personal experience. But these are sufficient to establish the fact that, with proper precautions, chloroform is as suitable to the performance of operations on the palate as it is to any other painful and protracted surgical proceeding. In confirmation of this statement I may refer to the experience of Mr. Paget, Mr. Gay, Mr. Adams, Mr. Holden, Mr. Savory, Mr. Callender, Mr. Langton, Mr. Annandale, and, I dare say, to many others who have employed the plan I recommend.

THE monthly return of the births, deaths, and marriages, registered in the eight principal towns of Scotland, shows that during July the deaths were 253 above the average number, after allowing for increase of population, recorded for the same month during the last ten years; 47 per cent. were those of children under five years of age. Diarrhœa, fever, and measles, were especially prevalent in Glasgow. Whooping-cough and scarlatina appear also to have been very rife, the former in Paisley particularly.

VACCINATION:

ITS INFLUENCE UPON THE HEALTH OF INFANTS, AND THE TEMPERATURE VARIATIONS OCCASIONED IN ITS COURSE.*

BY WM. SQUIRE, L.R.C.P. LOND.

THE direct object of the present inquiry is not into the expediency of vaccination: with the universality of the practice the terrible nature of small-pox would become a matter of tradition, or of the rarest experience. It is proposed, in order to define more exactly what is effected by this influence that we all undergo, to subject it to the same strict investigation to which we submit other disorders, with the object, not of explaining its nature, but of tracing its affinities, and of clearing up some uncertainty as to its mode of action; of helping us to understand what part of its effects is essential to its special purpose, what is merely incidental or perhaps avoidable; while the study of the changes produced in the system of the infant during the course of vaccination, and the consequent liability to changes therein, has a practical bearing upon the health of infants.

Further inquiry is needed into the first part of the question, because we cannot yet say how much of the special immunity from small-pox conferred by vaccinia is due to its incubation period, how much to its day or two of febrile excitement, how much to the formation of the areola, or to the other phenomena of its decadence. On our knowledge of the second part of the question rests our power to dispel the fears of the anxious, and to guard against the possibility of injury to the weak.

A difficulty is met with at the outset, as embarrassing to the medical inquirer as it ought to be consolatory to the public, arising out of the slight degree of illness attending the progress of vaccinia in infants. Before any approach to accuracy could be attained as to the special changes attributable to this cause, a careful investigation into the circumstances influencing infantile health was necessary. The results obtained, published elsewhere, are also useful as a preliminary to the study of other infantile disorders.† After estimating the effects of disturbing causes, and allowing for differences of constitution, temperament, food, and hygiene upon the health of infants, it can be shown that there is commenced almost from the moment of inserting the vaccine virus a very definite series of phenomena, fairly owing to its presence, and well indicated by the lines of temperature-change exhibited in the diagrams.

The first variations of the temperature line show more the difference of circumstances under which the disease commences than the special influence of a particular disease, the general tendency, however, being to a temporary elevation of temperature. To this succeeds the first special effect of vaccinia, comparable to the "sickening" for any of the exanthemata, and characterised by a uniform lowering of temperature. This has always been noticed in the best-observed cases, but is indicated in all. At the same time the child, instead of being restless and wakeful, becomes dull or sleepy; the pulse and respiration are below the usual rate, and though the pulse soon quickens, the respiration continues to be either slow or shallow, so that yawning is necessitated; there may also be bronchial râles, or slight laryngismus. As long as the period of low temperature continues—and it is often prolonged by slight concurrent ailment,—there may be doubt as to whether the vaccination has taken or not. During this time the original punctures disappear, and new papular elevations occupy their site; the day after, usually the fourth, these become vesicular. A steady rise of temperature commences forthwith, the child becoming lively, and seeming to be remarkably well. With the increase of temperature on the sixth and seventh day there may be some miliary or herpetic eruption, if the child be predisposed, or, more rarely, diarrhœa; the child meanwhile taking suitable food well, and even increasing in weight. Still, if other proof than the result were wanting of the progress of a disease, not only the rise in temperature, but the evening exacerbation, unusual in infants, would suffice.

On the eighth day the disease itself is sufficiently obvious. The full vesicle needs no description. With or immediately preceding the sudden increase of temperature, which is the most prominent feature of this stage, there is a remarkable acceleration of pulse and breathing; these having been 120 and 40 at first, and 120 and 30, or less, on the third day, are now 160 and 60, and the temperature is over 100°. When the latter, in one case, had reached 102°, the former were 200 and 80. This was in a child nine months old, and in hot weather. In younger children the alteration of pulse and respiration is hardly so marked, yet on the eighth day they will generally reach 150 and 50. The greatest constitutional disturbance and the highest temperature are before the areola is fully formed, and the most remarkable feature of this stage is the sudden fall of temperature, generally two degrees, on the ninth or early on the tenth day; so that while the arm is hot to the touch, tense, indurated, pulsating, and the restlessness and discomfort of the little patient are extreme, the temperature has suddenly subsided, and though the local process may be active, the general disease is over. There is moreover, as in convalescence from all acute disturbances of health, not only a low mean temperature, but this is easily further depressed by slight causes, and is found even with any subsequent complication, such as the vaccineous roseola; it is generally, also, lower at night. After the third week even this tendency is recovered from, so that absolutely no difference can be found, upon the most careful comparison, between children of the same age who have or have not been vaccinated.

The true position of vaccinia as an acute specific disease is made apparent by the lines of temperature variation traced during its course, and in comparing what here happens with what occurs in other zymotic diseases a close parallel is observable—first, in the period of low temperature at the commencement—a point actually observed by me in the ingress of measles; secondly, in the excitability accompanying the first elevation of temperature; thirdly, in the duration of the febrile stage, which in most of the ailments of this class in children lasts about five days; and lastly, in the subsequent tendency towards depression. Coming to a more close analysis, this ailment has analogies with measles rather than with scarlet fever; but is most closely allied, if not identical, with the course of small-pox itself, (the phenomena are identical with those of inoculation, as described by Dr. Gregory,) stopping short, however, at the eruptive stage, and free from its secondary fever, unless the local process be aggravated or mismanaged.

The importance of the areola, except as a sign of the previous disease, is very much diminished. It is to the uninterrupted course of this previous disease that most of the protective power of vaccination must be owing. When less than four vesicles have been produced, there is more liability to interference, except in children of great excitability, or constitutional tendency to suffer severely from this kind of affection, when dependence might be placed upon three vesicles only, with less fear of trouble from the after-consequences, which are entirely accidental, not essential to protection. The reason why vaccination will be protective against small-pox if done within three days of exposure to infection is not that there is time for the areola to form, but because twelve clear days being requisite for taking this disease by infection, while only eight are required when there is direct insertion, one clear day is thus given for the establishment of the one form of disease rather than of the other.

That the age usually chosen for the performance of vaccination—namely, from two to three months—is the most suitable is shown by the greater disturbance produced by it in older children, and the slightly marked effects of it in those younger. When it is remembered that the period of trouble from the arm—the stage at which most of the mischief feared from vaccination happens—is one of depression, and that this stage is no essential part of the influence desired, it ought not to be difficult to arrest, or prevent altogether, accidents which even now are extremely rare.

Orchard-street, Portman-square, July 1869.

* Read at the meeting of the British Medical Association at Leeds, July 30th.

† Infantile Temperatures in Health and Disease. Churchill and Sons. 1869.

THE Library of the Royal Medical and Chirurgical Society will be closed from Monday, August 16th, until Saturday, September 11th, both days inclusive.

ON "HOSPITALISM."

BEING A CRITICISM ON SOME PAPERS, WITH THE ABOVE TITLE, BY SIR J. Y. SIMPSON IN THE "EDINBURGH MEDICAL JOURNAL" FOR MARCH AND JUNE, 1869.

BY T. HOLMES,
SURGEON TO ST. GEORGE'S HOSPITAL.

(*Concluded from page* 196.)

I HAVE hitherto endeavoured to show that Sir James Simpson's comparison between the statistics of private practice in the country and those of hospital practice in towns is unfair, because of the imperfection of the method which he has adopted for ascertaining the real mortality in the former class of cases. But I assert further, that such a comparison as Sir James Simpson has made between private and hospital practice must always be unfair, because the cases are selected on different principles in private practice. This assertion involves no charge or reflection upon the private practitioner; but I think it will be obvious, to any person who considers it, that the fact must be as I say. I have no experience of private practice among the poor; but unless it differs very much from what is the case amongst other classes of persons, the private practitioner would very rarely be permitted to perform such a grave operation as an amputation unless he could hold out much more confident hopes of success than any candid man could do in many of the amputations which we perform. Then there is the dislike (and a very natural and proper feeling it is) of a private practitioner to perform an operation which is likely to prove fatal; and there is also the habit, which the poor have in doubtful and grave cases, of seeking the advice of the hospital surgeons. All these causes tend to increase the proportion of favourable cases in private as compared with hospital practice.

Again, as bearing on this question of selection, I may point out the influence which conservative surgery has unquestionably exerted in increasing our mortality after amputations, by withdrawing all the better or more hopeful classes of cases entirely from the amputator. In old times, there can be no question, many limbs were amputated which would now be spared altogether, and many others in which we should now perform excision. The residue, upon whom amputation is performed as a last resource, consists of all the cases of acute disease, of exhaustion, of visceral affection, and of advanced age. Consequently it is no paradox to say that, as surgery improves, the rate of mortality after amputation tends to increase. If it be true that in the provinces practice inclines more to the old than the modern methods, this would tend to increase the success after amputation. This is a matter which cannot be dealt with by figures; but I mention it to illustrate my previous observation, that amputations must be regarded, not as independent entities, but as processes or incidents in the treatment of cases, and that their success depends largely on the previous part of the case.

Again, how is it possible to know that the assumed excess of deaths is caused by hospital arrangements, without knowing the causes of death? For instance, Sir J. Simpson says that nothing proves to him more strongly the truth of his case than the difference in the rate of mortality between the lists of amputations of the forearm in London and the country respectively. In an interesting conversation which I had with him a short time since, he maintained that the causes of death were not material, for that in so simple an operation as amputation of the forearm nothing but some deleterious influence acting on the patients could account for a high death-rate. To test this in the instance most familiar to me, I had recourse to the "amputation book" of St. George's Hospital, which gives all the cases of amputation for about sixteen years.* During that period there have been four deaths after amputation of the forearm, among 41 cases.

I append the causes of death in these cases. In the first case (a primary amputation), the man had recovered from the operation, and the wound was nearly healed. He was discharged from the hospital, and attended as an outpatient until the wound had healed entirely. He was then reported as recovered, and celebrated his recovery by getting very drunk. Next day rigors came on; and in a few days afterwards he was admitted with evident symptoms of pyæmia. In this case the fatal affection was obviously induced by drunkenness, and could not be charged to hospital arrangements, since it did not come on till after his discharge. The second case was that of an elderly woman, who was admitted with pyæmia, affecting, amongst other parts, the wrist-joint, which was disorganised. As she had rallied, and it seemed possible she might recover if freed from this irritation, the hand was amputated. Here, again, as the patient had contracted pyæmia when out of the hospital, it would be unreasonable to charge her death to the effect of hospital arrangements. In the third case (that of an elderly woman operated on for disease), the arteries were so brittle that it was with great difficulty they could be tied. She went on well—except for some sloughing of the stump, the result of imperfect nutrition—for more than a fortnight, when suddenly one of the arteries gave way, and she died, after copious bleeding, in an hour. In the last case, the man was very old (nominally sixty-seven, really perhaps many years older), and obviously near the end of his life when admitted. The operation was done to free him from the exhaustion caused by abscess of the wrist; but he gradually sank, as he had been sinking before his admission. Now, no hospital arrangements will, I submit, prevent brittle arteries from bleeding sometimes, nor make an old man into a young one. Sir J. Simpson may reply, "My country statistics prove that many old men survive amputation." This, to my mind, is a proof that they are more hale and hearty, less aged in fact, than the men of the same age whom we meet with in town. To Sir J. Simpson it shows that the town operations ought to have been performed in a temporary iron, instead of a permanent brick, hospital, and on the ground-floor instead of, possibly, upstairs. How can we decide except by tracing the history of the cases before operation, and knowing something of the causes of death in fatal cases? So far from being in the least degree convinced by the alleged fact that we at St. George's have lost one-tenth of our forearm amputations, while Sir James Simpson's country correspondents have lost only 1 in 188, I would draw the inference from our experience that we rarely or never lose a case of forearm amputation except under circumstances which satisfactorily account for the death without any necessity for resorting to the hypothesis of hospital unhealthiness.

4. Finally, would the alteration in hospital arrangements which Sir J. Simpson suggests redress the balance of deaths?—i. e., is the contemplated change really a benefit? In discussing this question I am quite free to admit that the aggregation of the sick and wounded in hospitals is probably deleterious. It has not, so far as I have seen, been proved, but it is so probable that I think we may assume it, that if every patient could have a separate, roomy, well-ventilated chamber, and a skilled nurse to himself, he would be more likely to recover than if placed with others in an hospital ward. Yet even this impossible improvement would not, I believe, protect our urban population from the ravages of the secondary surgical complications of wounds. For no such improvement could leave them better off than the rich are whom we treat in private practice, and amongst the rich these complications are far from being unknown. If Sir J. Simpson had not been so scrupulous to compare things which are dissimilar, if he had not, as he says he did, "in selecting the practitioners to whom the application and schedules were sent, avoided as far as possible including in the list any members of the profession residing in our large hospital cities and towns,"* his eyes would have been opened to the fact that, in order to test the effect of hospital arrangements upon cases, the cases themselves must be otherwise under similar circumstances; and that we were not far wrong when, in the "Report" above quoted, we said of amputations that "the death-rate in these as in other cases is by itself a very fallacious test of hospital salubrity" (lib. cit., p. 560). To contrast the mortality of a district where erysipelas and other fatal surgical complications are un-

* The book was commenced at the beginning of the year 1852, but one year has been accidentally omitted, by the default of a gentleman who was then surgical registrar.

* Edin. Med. Journal, March, 1869, p. 820.

known, with that of a London hospital population, amongst whom they are unfortunately common enough, and without further inquiry to conclude that the difference depends on hospital arrangements, is surely very bad logic, when the fact is so well known that it hardly needs inquiry to discover that the same complications affect the urban population out of hospitals. We may surely conclude with more reason that the success of operative practice is greater in private practice universally than in hospital practice because the aggregation of patients must generate some unwholesomeness in the atmosphere; and that operations in the country are very probably more successful than in town because the air is better, the patients' constitutions better, and the cases operated on less desperate. But until Sir J. Simpson can show us how to avoid the aggregation of our patients we shall not be able to redress even the preventable causes of death; the difference between town and country is, I fear, beyond our power to alter, and it is a difference which in London is increasing daily instead of diminishing.

But, of course, the substitution which Sir James Simpson proposes is far less than what I have above imagined. He gravely tells us we ought to replace our present palatial hospitals by a series of iron sheds on the ground. Now, if St. George's Hospital were transformed into a series of iron sheds, these sheds would still be in the condition of our present hospital wards, except that the walls would be, I suppose, more pervious to the weather, the floors nearer the soil, and the sheds more easily removed—though God knows where, in the present condition of London, they could be removed to. I omit altogether the question of how space could be originally obtained for the mass of sheds required (which must be properly isolated from each other), how drainage would be provided for, and such other matters of detail. But we should, after all, come back to an hospital ward again—liable to overcrowding as now, liable to contamination of its atmosphere by the exhalations from wounded and diseased surfaces as now, liable to the effects of contamination from careless nursing as now; in fact, equally liable to all admitted and proved sources of unhealthiness, and free only from those which, for anything that has yet been shown, are imaginary. The only differences, in fact, would be, that all the wards would be upon the ground, and that the buildings might always be tolerably new. Sir J. Simpson has somehow convinced himself that the heaping-up of one story over another exercises an injurious influence on the healthiness of an hospital building. This has often been asserted by Miss Nightingale and others, but, so far as I know, nothing in the nature of proof has been adduced.* Nor has anything approaching to evidence been given to show that a building used as an hospital becomes more unhealthy as it becomes older. The only fact which Sir J. Simpson alleges is, that the amputations in the Edinburgh Infirmary when it was first founded seemed to be more successful than they are now, for which fact (admitting it to be a fact) any number of equally plausible explanations might easily be offered.

In conclusion, may I be allowed to observe that the alleged greater salubrity of cottage hospitals, or of small city hospitals as compared with large ones, rests on no evidence whatever; nor has it been shown, so far as I am aware, that similar classes of patients and cases can be treated with greater success, on the whole, than in our large hospitals. I have freely admitted the drawbacks which are incidental to the treatment of patients when collected in large numbers; but we must not forget that there are drawbacks also in treating the poor in their own homes. The frequency with which slight cases of wound, discharged from hospital convalescent, return with some of the secondary complications, such as erysipelas or sloughing, does not encourage one in expecting much more success in treating the graver cases in the homes of the patients themselves over what we now obtain in hospital. Sir J. Simpson appears to make light of ill-ventilated rooms, dirt, want of nursing, and all the other discomforts of the dwellings of the poor. But we want much more careful researches, and, if I may be pardoned for saying so, much closer personal knowledge of the subject, than is displayed in Sir James Simpson's papers before we can admit that grave surgical cases can be safely treated at home, in the circumstances of our London poor.

With respect to small and large hospitals, I have searched in vain for any evidence that there is any difference in their salubrity, providing the cases are the same. Whether cottage hospitals are more or less healthy than those at present in use must be tested by more ample experience than there has yet been time for.

I hear from Sir J. Simpson that there have been experiments commenced in Germany and America, by which existing large hospitals are to be broken up into fragments. It will be time enough to institute similar experiments in our own large cities when we have had decisive proof of their success elsewhere. Meanwhile Sir James Simpson's attacks on our hospital system ought undoubtedly to awaken our attention to its defects, and to make us eager to adopt any means which afford a reasonable probability of remedying them. The mortality which prevails after amputation in city hospitals is very high, and we are indebted to Sir J. Simpson for pressing the point on our attention; though I may be permitted to observe that the large metropolitan hospitals have never been inclined to blink the fact. From St. George's, from St. Bartholomew's, from Guy's, and I dare say from other hospitals also, complete lists of their amputations have been repeatedly published. Much of the mortality I believe to be inevitable; still it is a most important question whether all of it is so. I recognise most fully the service which Sir J. Simpson is doing in bringing this question publicly forward; and though I cannot avoid differing with his conclusions, I do full justice to the noble and charitable motives which have prompted the investigation.

Clarges-street, W., August, 1869.

* On this point Mr. Simon says: "As regards wards kept as wards ought to be kept, I cannot conceive that the several clean items will make a dirty total; and, so far as my present knowledge extends, I have every reason to believe that, subject to the qualifications I have stated, a given number of patients may dwell under one roof as safely as under several roofs.....Of the various surgical wards in which my own hospital experience has been gained, the one which I remember with most satisfaction was a top ward, which had three stories of wards under it."—Lib. cit., p. 67, note.

ON IRREGULARITIES OF THE TEETH.

BY HENRY SEWILL, M.R.C.S., L.D.S.,
DENTIST TO THE WEST LONDON HOSPITAL, ETC.

(*Concluded from page* 197.)

THE canines are very subject to displacement, being commonly forced into an external prominent position. This constitutes a very unsightly irregularity. The common practice in such cases is to extract the projecting teeth. Such a proceeding cannot be too strongly denounced. The canines are the strongest and most durable of the teeth; they contribute most to the symmetry of the mouth, with the exception of the incisors, and they can, moreover, almost invariably be brought by treatment into their proper places. It may indeed at once be stated that the extraction of a permanent incisor or canine for the cure of irregularity is very rarely justifiable. Should it be absolutely necessary to sacrifice a permanent tooth, the choice will, as a rule, fall upon the first molar. This tooth, unfortunately, even in early life, is either so extensively carious as to require extraction, or is at least in a condition in which it could not be expected to endure during many years. If, however, the first permanent molar be free from decay, the choice may fall upon the second bicuspid, the loss of which is but little damaging to the appearance.

It may, perhaps, be asked how the extraction of a tooth situated so far back as the first molar can relieve crowding at the front of the mouth. It is found that on the extraction of such a tooth the pressure is very rapidly relieved, that the crowded teeth spread equally apart, and that in a comparatively short time the space previously occupied by a large tooth becomes obliterated.

After the general observations that have been made, the bicuspids may be dismissed with the remarks, that they are sometimes displaced by the retention of portions of the deciduous molars, that this displacement is usually in an inward direction, and that the treatment is similar to that of the incisors.

Irregularities due to malformation of the jaw constitute

the second class. In the recognition of these the point of the greatest value obviously is a knowledge of the exact form of a well-shaped maxillary arch. The anterior portion of this arch, containing the incisors, canines, and bicuspids, forms an almost perfect semicircle, whilst those portions containing the molars continue the arch backwards in slightly curved and divergent lines. Flattening or contraction of this arch, or abnormal development of any portion of it, gives rise to irregularities of the teeth.

This class of irregularities is most frequently congenital, and at the same time hereditary, a peculiar abnormality of the jaw being, in this manner, reproduced in many members of a large family. They may, however, be due to injury or to other accidental causes. The nature of this class will be rendered evident by a few typical examples. Fig. 6 represents an extreme instance of a common variety. Here we see a protrusion of the central incisors, apparently due to abnormal development of the premaxillary bone. Fig. 7 illustrates a somewhat similar deformity of the lower jaw, due to a maldevelopment of the anterior portion of the alveolar ridge. An individual affected with this deformity is said to be underhung, the four incisors, and sometimes the canines, passing without the upper teeth when the mouth is closed.

FIG. 6.

FIG. 7.

The V-shaped or contracted arch, instances of which daily present themselves, is shown in Fig. 8. This gives rise

FIG. 8.

to endless varieties of displacements of the teeth. The incisors and bicuspids are often forced inwards, the canines generally in the contrary direction; so that an irregularity exceedingly damaging to the expression of the countenance is the result.

A somewhat rarer example, shown in Fig. 9, is equally

FIG. 9.

disfiguring in its effects. In this example the molars approximate on closure of the mouth, but the incisors remain apart and cannot be brought into contact. This is in consequence of an imperfect formation of the posterior portion of the lower jaw, by which the molars, being placed on a higher level than the front teeth, prevent them from coming into contact with each other.

The distinction between the first and second classes of irregularity is rendered manifest by these examples, and nothing would be gained, did space allow, by multiplying them. It is evident that little can be done by the surgeon in the second class. In the treatment of this variety it is necessary to consider, first, the desirability of extracting teeth for the sake of obtaining space, and, under such circumstances, the teeth which can be removed with the greatest advantage; secondly, the extraction of malplaced teeth not amenable to mechanical treatment; and thirdly, the form of the mechanical apparatus required, and its construction. So many details are here involved, that none but those who make dentistry a special study can be expected to be practically acquainted with them. These cases must, therefore, be considered altogether beyond the province of the surgeon.

A few remarks on the mechanical apparatus used in the treatment of irregularities may be of interest, and also of some service in determining those cases which are capable of being either improved or cured by its application.

Instruments for the purpose of altering the position of malplaced teeth are constructed to fulfil two objects: to prevent the locking together of the teeth on closure of the mouth; and to exert such continued pressure or traction on those teeth which are irregular, that they may be gradually compelled to assume a normal position. To fulfil these objects, a plate of metal or of vulcanised india-rubber, as shown in Fig. 10,

FIG. 10.

is accurately adapted to the teeth and palate, the molars being covered with sufficient thickness to prevent the front teeth from meeting. A fixed point is thus formed, to which springs or levers, elastic bands or wedges of wood, may be attached in any desired situation. These may be arranged to exert, with great nicety, any amount of force required, and to effect the desired result without exciting unnecessary inflammation.

By similar contrivances the whole jaw may be modified in form. For instance, in the contracted palate, Fig. 8, an apparatus would be made to maintain equal pressure from within outwards along the alveolar margin. In time the required expansion of the arch would be accomplished.

Other cases may be advantageously dealt with by instruments fixed externally. Thus the case represented in Fig. 9 would be treated by a constant upward traction of the chin, a cap of leather adapted to that part being attached to a strap across the head by strong elastic bands at each side.

The almost marvellous manner in which the jaws may be modified in shape by the continued exertion of force in one direction, is not uncommonly illustrated in surgical cases. For example, the cicatrices resulting from extensive burns have a constant tendency to contract. When such a cicatrix exists upon the front of the neck, it draws the chin towards the chest, and in time causes the body of the bone in front of the ramus to curve downwards. In cases not unfrequently met with, the curvature is so great that the lower incisors become turned altogether outwards, and even downwards, the alveoli being completely everted. One of these cases is well shown in Fig. 11.

From a consideration of the principles upon which the mechanical treatment of irregularities is based, it will probably suggest itself that this treatment can be much more rapidly and effectually carried out in the child than in the adult. At the age at which the alveoli are in process of growth, and when they do not closely embrace the teeth, a malplaced tooth can be drawn into position in a short time,

FIG. 11.

and with the exercise of but slight force; whereas in the adult, the bone being consolidated, the process is long and tedious. For the same reasons the cases in which the shape of the jaw has to be modified are much more amenable to treatment at an early age than at a later period, when the osseous system is fully developed. If therefore the opinion be formed that the treatment of a case of irregularity cannot be undertaken without mechanical aid, no time should be lost in the construction and application of the necessary apparatus.

Wimpole-street, Cavendish-square, June, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUY'S HOSPITAL.
(PATHOLOGICAL DEPARTMENT.)

CASE OF CASUAL ASSOCIATION OF SEVERAL INDEPENDENT DISEASES, ONE OF WHICH WAS CYSTITIS FROM LATENT STRICTURE.

(Autopsy and remarks by Dr. MOXON.)

THIS case very strikingly instances the chance occurrence of several diseases in one patient. We generally at the bedside endeavour to bring all the symptoms together, so as to infer from them all the one particular diseased state which is their common foundation; and generally we may say that the post-mortem supports our conclusion. Nay, the tendency of post-mortem inquiry generally may be said rather to increase our disposition, as it certainly increases our ability, to infer correctly the common cause that underlies a variety of symptoms. Remarkable exceptions to this rule, such as the instance before us supplies, are of especial interest; for the diagnosis of two independent pathological series in one patient requires either great presumption or great circumspection.

The case inspected had been under Mr. Birkett's care for psoas abscess. On his admission he was a fine soldierly-looking man, a Light-Dragoon drill-sergeant. He had a tumour at the inner and upper part of the thigh. It had existed for about eight months, and for relief he had worn a truss on it. Mr. Birkett's examination proved that it was a psoas abscess. The course of this was accurately made out by Mr. Birkett during the life of the patient. It was treated by repeated tappings, large quantities of matter being drawn off. He gradually became much emaciated, and sank through exhaustion. He never mentioned having had gout, and he never made any complaints of difficulty in passing his urine. He suffered some pain in passing his motions for the last three weeks.

On inspection, his frame was much wasted. The skin was tawny, but not darker than would answer to the colour of his hair, which was blackish-brown; the moustache mingled black and tawny; the iris dark grey. There were no patches of darker colour; in short, he was free from the discoloration that constitutes melasma, although he was rather dusky. The third and fourth lumbar vertebræ were found to be diseased; they appeared as if crushed together, the intervertebral substance totally gone, and the remote half of each vertebra brought together, except here partly separated by the necrosed relics of the near halves, which were in the shape of pieces of dead bone of the size of hazel-nuts, generally separated from that which had been living by gelatinous granulations, but at a few points still united to it. The cauda equina was not disturbed; the arches of the two vertebræ were anchylosed together. The necrosed bone presented into the psoas abscess on the right side. The right psoas was almost wholly destroyed by the abscess, whose channel pushed outwards the anterior crural nerve, and came down under Poupart's ligament outside the vessels, and then, as usual, crossed under the femoral vessels to the point of presentation, where the external openings were situated in the inner and upper part of the thigh. The left psoas had another abscess that descended within it as low as the middle of the brim of the pelvis; from this abscess an extension spread down about the internal iliac vessels towards the rectum (this had occasioned the pain in defecation). The peritoneum was partly studded with tubercles; these were curiously limited to the lower half of the membrane, the situation corresponding to the zone of the trunk whose vertebræ were diseased. Dr. Moxon had observed such a limited development of peritoneal tubercle before in a case of large tubercle within the spinal cord at a point of its lumbar portion corresponding to the lower peritoneum, as though the nerves had caused it. In either apex of the lungs there was a small relic of tuberculous disease, and a few small recent tubercles around one of these relics. The state of heart attracted attention. It was not wasted in proportion to the wasting of the body, yet its valves were healthy. It weighed nine ounces and a half, and it should have weighed only five or six. The left ventricle was disproportionately large. This drew immediate attention to the kidneys and great toes. On turning to the latter, gouty degeneration of cartilage was found. There was a plentiful deposit of urate of soda. The kidneys were rather small; their capsules were thickish, and their cortical part showed its pyramids certainly confused; a few cysts were present; a white spot of urate of soda was to be seen in the pyramid here and there. The kidneys showed, however, another distinct diseased state. There were parts of the cortex deep-red, swollen, and softened, showing early phlegmonous inflammation, which does not arise from gouty degeneration. The pelves, too, were inflamed. The bladder being examined, it was found intensely inflamed, with deep purple patches on all the prominences of its rugæ from ecchymosis and puriform urine. The muscular fibres were seen to be hypertrophied, and the prostatic part of the urethra much dilated. The penis was removed, and a stricture was found at the bulb such as would scarcely allow a No. 1 catheter to pass. The inflammation of the urinary passages was thus explained. The supra-renal bodies were now seen to be much diseased. The left was of the size and shape of a walnut, and its substance was nearly made up of caseous tubercle; the cortical part remained in patches, and miliary tubercle was found in these relics. The right capsule had a nodule of cheesy tubercle in it as large as a hazel-nut; the rest of the capsule was healthy, but had no fat in its cells. Lastly, the pharynx at the back of the larynx had a circumscribed slough of its tissue over the cricoid; the slough was greenish and sunken, its edge bright purple-red and swollen; and the glottis was considerably œdematous: the œdema glottidis it was that had put an end to the progress of the poor fellow's museum of diseases.

Dr. Moxon remarked on the independent manner in which each of the four several pathologies which the man presented had followed its usual course indifferent to the rest. We had three distinct pathological series. Which was the oldest, one could not say. Gout had damaged the joints and affected the kidney; and then gone on in the usual course to the heart. The insidious nature of these changes was well illustrated. In Guy's Hospital post-mortem theatre

gout is very frequently found to be the latent cause of fatal disease. Then tubercle had attacked the lung and been healed, and again, in its usual creeping manner, had formed in small clusters around the scar. The lumbar vertebræ—or rather intervertebral substance first—had then been invaded, and after these, in curious topical relation to the vertebræ, the lower peritoneum and the supra-renal capsules. The anatomical conditions of Addison's disease were perfect in kind. In degree or stage they gave a valuable opportunity of studying the nature of the process in its activity. We generally see only the remnants or consequences of the disease. Dr. Moxon has made a drawing of the capsule and its microscopic appearance for the post-mortem theatre. Again, the series of results from stricture is complete and characteristic; but it is very important to note the fact, that this man let his stricture cause, what would probably have been alone fatal, renal disease without saying a word about it. Dr. Moxon had seen not less than four cases in which suppuration of the kidney had been set up by strictures which the patients never mentioned. The last of these cases was singularly interesting. A man was admitted with acute rheumatism; he became comatose, his urine passing under him, and he died. The case was viewed as cerebral rheumatism; yet latent surgical suppuration of the kidneys from stricture was, after death, discovered to be the real cause of the fatality. This is a point very well worthy of the attention of physicians and surgeons. The other day a woman died at Guy's Hospital of similar suppuration of the kidneys, caused by the pressure on the bladder of a prolapsed uterus. The typhoid symptoms of the nephritis were the first intimation of her danger. The slough behind the larynx is an unusual and interesting thing.

Clinical Records
OF
THE PARIS HOSPITALS.

As we have, unhappily, not yet adopted the decimal system of weights and measures in England, it may be convenient to some of our readers if we append a brief memorandum of the relations which the French gramme and mètre bear to our standards, avoiding as much as possible nice fractions:—

A gramme is about 15½ grains troy.
A mètre „ 3¼ feet.

Multiples of these bases are expressed by Greek, fractions or divisions of them by Latin prefixes—thus:

A decagramme	=	10 grammes.
A hectogramme	=	100 grammes.
A decigramme	=	$\frac{1}{10}$ gramme.
A centigramme	=	$\frac{1}{100}$ gramme.
A milligramme	=	$\frac{1}{1000}$ gramme.
A décamètre	=	10 mètres.
A décimètre	=	$\frac{1}{10}$ mètre = nearly 4 inches.
A centimètre	=	$\frac{1}{100}$ mètre = nearly $\frac{1}{2}$ inch.
A millimètre	=	$\frac{1}{1000}$ mètre = nearly $\frac{1}{20}$ inch.

PHYSIOLOGICAL AND THERAPEUTICAL EFFECTS OF THE CALABAR BEAN, EMPLOYED IN HYPODERMIC INJECTIONS.

The following note is by M. Bourneville, house-surgeon to the Paris hospitals:—

During the last few years the Calabar bean has been studied with care and employed in several diseases. I have personally instituted some experiments in order to verify certain phenomena and divers therapeutical essays. Among the results which I have obtained I may just mention the following. Everyone knows that the Calabar bean, when instilled into the eye, produces a very remarkable contraction of the pupil. Now I have been surprised to observe that, when it is injected under the skin, there ensues, on the contrary, a dilatation of the pupil, or else the ocular diaphragm remains unchanged. In nine cats and one dog the dilatation was well marked and constant. Furthermore, in two cats I observed an unequal dilatation of the pupils. In four frogs the pupils remained unchanged, or seemed slightly dilated. It is not only in animals that this peculiarity, already noticed by Fraser, is to be observed, but also in the human species.

A second point which seems interesting to notice is the antagonism between the Calabar bean and atropine. I have verified this phenomenon in six guinea-pigs. After having injected the bean, atropine was injected. The animal did not succumb when both medicaments were injected in fit proportion; but two or three days afterwards, a dose of the bean equal to that which had been at first employed being injected into the surviving animals, they all died. This obviously shows the antagonistic action of atropine against the Calabar bean.

From a therapeutical point of view, I have prescribed the Calabar bean, taken through the mouth, to epileptic patients in 1866, and by the hypodermic method to (1) a woman of sixty-five years, having paraplegia with spasmodic contraction; and (2) to a young girl of eighteen, affected with chorea. In the first case, in which the paraplegia was most probably due to a tumour seated in the spine, and was attended by marked contraction on the left side, I injected, from Dec. 4th to 30th, 1868, from four to thirty milligrammes of the extract of Calabar bean. Notwithstanding the gradually increasing strength of dose, there did not result the slightest amendment. Moreover, the pupils never showed any contraction, but remained after the injections as they were before.

With regard to the choreic patient, who was then in her third attack, I injected every other day during three months (from February to April, 1869) from six to eight milligrammes of the extract of Calabar bean. The symptoms gradually abated without disappearing entirely. Contrary to what has been noticed by Ogle and others, there was no speedy cure in this case. Again, in this case as well as in the former, and in my experiments on animals, either the pupils remained unchanged, or became slightly dilated. If the dose was not increased, it was because the weak dose which I employed had already produced some bad symptoms: restlessness, pallor of the countenance, clammy sweats, lipothymy, slow and small pulse, and, occasionally, bilious vomiting. These facts, besides confirming certain views which have been since then advanced, show that the administration of the Calabar bean by the hypodermic method is possible even now, as has been shown, moreover, by Eben. Watson. The doses above mentioned may, therefore, serve as a guide.

HÔPITAL LARIBOISIÈRE.

THROMBUS OF THE VULVA AFTER DELIVERY; CONSIDERABLE LOSS OF BLOOD; SPEEDY RECOVERY OF THE PATIENT.

(Under the care of Dr. MILLARD.)

We are indebted to Mr. Edward Alling, house-surgeon to the above hospital, for the notes of this case.

The subject of this observation, a primipara, aged twenty-one, was brought to bed on March 24th. The first pains manifested themselves on the 23rd, at 5 P.M.; and the patient was delivered at 1 A.M. the following morning. There was no tumefaction, and no varicosity of the vulva. The accouchement had taken place easily. About a quarter of an hour after the delivery, the patient felt excessive pain in the vulva and pelvis, accompanied by contractions which made her feel as if she was about to be brought to bed a second time. The vulva then became tumefied, which the patient first recognised by the impossibility of closing her thighs.

March 24th.—On examination, the large and small left labia are observed to be enormously swollen. There is no change in the colour of the skin; but near the mucous surface there exists a violet, sanguineous hue. The tumefaction extends behind to the buttock, near the margin of the anus. A livid hue marks the situation. General condition good.

25th.—The sanguineous infiltration has passed round the perineum, and involved the right labia. The whole constitutes a very large tumour. Each labium is as large as a turkey hen's egg. The lochia seem to flow easily.

26th.—The mutual pressure of the labia has produced a small eschar, which seems superficial; but as the tumefaction has not increased, no proceeding is employed, in the hope that the tumour will diminish of itself.

27th.—The tumefaction appears to have diminished.

28th.—There is a marked diminution of the swelling. The general health is excellent; no fever; appetite good.

29th.—The patient has had a rigor during the day. Mr. Alling, the house-surgeon, discovered in the evening a small opening, which had been effected by the fall of a portion of the eschar, and which led into the central situation of the tumour. A few days before, exploration with the finger had failed to detect any penetration of blood into the pelvis. The same evening Mr. Alling made an incision five centimetres in length into the cutaneous surface of the greater labium, and managed to draw out thereby an enormous quantity of blackish clots. Through the opening the finger penetrated into a vast cavity, the internal wall of which was extensively perforated towards the vagina, whilst its external wall was formed by the ischiatic ramus. The finger could reach the pelvis along the vagina somewhat behind the ischiatic ramus over the whole breadth of the finger. Chlorinated injections to be employed.

30th.—After the employment of injections a large quantity of clots, amounting to between two and three hundred grammes, again issued from the opening. The day before the quantity had amounted to about six hundred grammes. There has been no recurrence of rigor.

31st.—Nothing new. General condition remains good.

April 1st.—Patient preserves her appetite, and has no fever. It is difficult to know what is going on in the vast cavern formed by the thrombus. There was scarcely any smell, except after the employment of the chlorinated injections, three of which were administered daily.

2nd.—The tumefaction is diminishing rapidly.

3rd.—During the last two days abundant suppuration has taken place in the cavity. On introducing the little finger into the opening, a deep, irregular, smooth cavity is felt. The whole of the little finger may be introduced. There is slight pressure in a lateral direction, but none in the vertical.

7th.—Patient is doing well. There is now scarcely any suppuration going on. The injections, which have been constantly continued, are now reduced to two per diem.

10th.—The canula can no longer penetrate through the opening; injection will therefore be administered henceforth through the vagina. On introducing a finger through the outer or cutaneous opening, and another through the deeper orifice in the vagina, both easily meet; but the cavity is closing more and more.

13th.—Patient has been walking about during the last few days. She has grown fat, and looks well.

18th.—The external wound now presents a very narrow passage, through which a probe may be introduced a distance of about five centimetres before reaching the vaginal orifice. Into this latter opening the finger can no longer penetrate. On separating the labia a slight quantity of fluor albus is seen to issue from the vagina.

22nd.—Patient leaves hospital in an excellent condition. She is almost completely cured, and looks remarkably well.

THE ARMY MEDICAL REPORT FOR 1867.

No. I.

THE Blue-book of the Army Medical Department for 1867, just issued, has, we perceive, undergone some further alterations in the arrangement of its materials, with the effect, in our opinion, of improving it. In that for the preceding year the observations by the head of the Sanitary Branch on the various circumstances coming more immediately within his province were placed in juxtaposition with the statistical details of each command. By this arrangement the reader could easily follow out, in connexion with the prevalence of any given disease, the sanitary or insanitary conditions under which the troops were placed when attacked. The statistical and meteorological abstracts have now been placed, as we ourselves suggested they should be, at the end of the Appendix. By the former tables the reader can check and verify the statistical summary afforded by Dr. Balfour in his Report; and with regard to the meteorological abstracts, we venture to remark, *en passant*, that they scarcely possess sufficient interest to warrant all the trouble and expense which the tabulation and publication of meteorological phenomena necessarily involve—particularly as they are two years old. As far as Great Britain is concerned, observations of this kind are taken and published by many observers, and the same is the case at some of the foreign stations. As an economical administration is the order of the day, we think the War Office authorities might with benefit curtail these duties now imposed upon medical officers, and confine the record of such observations to places where they could not otherwise be procured, or where there was some special object to be gained by the search, as in localities used as sanitaria. But we must pass on to subjects of more immediate professional interest.

The present volume contains the usual statistical report on the health of the troops, prepared by Dr. Balfour, the head of the Statistical Branch; and we are quite ready to accept the correctness of his figures, and the deductions and observations with which they are accompanied, without going through the tables in the Appendix. Some of these statistical summaries, by the way, such as those on the recruiting for the army, are especially valuable in supplying some facts about which the Reverend Dr. Merivale, in a recent contribution to the *Contemporary Review*, more particularly desired information. There does not appear to have been any epidemic of importance during the year 1867. Venereal diseases, spite of the limited trial of the Contagious Diseases Act, still hold a prominent position among the causes of disability at home and abroad. Turning over the names of different foreign stations, we know to a great extent what diseases to expect under the different headings, for certain affections appear at different stations with a stereotyped regularity. A cursory acquaintance with these medical blue-books teaches us to look for fevers of the continued type, and typhoid in particular, with ophthalmia, and possibly cholera, at Malta, for example. We turn to the West India stations to discover the extent to which yellow fever has prevailed; and we expect a more or less dismal monotony in the class of cases in Western Africa—a monotony which has quite recently been disturbed, however, by the appearance of cholera in that neighbourhood for the first time, and for an accurate report on the origin of the outbreak at Bathurst we are anxiously waiting. The Mauritius, once a healthy station, can no longer be considered so. The sources of malaria in that island used to exercise so slight an influence on the general health that intermittents were uncommon; but now, it is to be feared, the disease is an established endemic of the place.

The sanitary reports of the different stations generally are much shorter than heretofore; and this need not surprise us seeing that official wheels move slowly at all times, and have a particular partiality for running in the old ruts, out of which they are now and then jolted by the occurrence of an ugly epidemic, a series of awkward questions to the Secretary for War, and occasionally a Committee of Inquiry. As year succeeds year, the same conditions may be found in existence, and the requirements of one station in regard to additional barrack and hospital accommodation, new married quarters, better drainage, and means for ablution, are very much the same at one time as at another. The truth can generally be expressed tersely; but terseness of expression is not so facile a process, if you would avoid all causes of offence. We suppose it would not do to publish, "No change of importance since such and such a date, when numerous sanitary defects were reported as requiring attention." It would, however, be unjust as well as untrue to represent the authorities as unmindful of the interests of the troops, or careless of their health. They are guardians of the public purse,

and the tax-paying public do not like the process of re-filling the empty money-bags. Within the last ten years great changes have been effected, at a very considerable outlay of public money; and we are bound to say that the position of a soldier of the present day contrasts most favourably in all respects with what it was before the Crimean War, for example. We live in an age of rapid changes—big guns and a talk of short service. If the latter be adopted (and it must be), it will do much to overcome the financial difficulty by which considerations of sanitary improvements are overborne.

Professional readers will turn to the Appendix to the present volume as of most interest to them, and we can promise that they will not be disappointed in regard to the importance of the various subjects discussed, nor the way in which they, generally speaking, have been handled. First on the list stands the Memorandum for the proposed investigation of cholera in India by the War Office Committee, which will naturally excite a good deal of attention, and probably of criticism likewise; but of that anon. Next follows a very important document by the same authorities on the "Dry-earth Conservancy," putting forward some practical and financial difficulties in the way of the general adoption of that method, even in India, which will prove very hard nuts for the teeth of sanitary reformers. The instructions for the guidance of the Commission of Inquiry into the Yellow Fever, and the Report of the Commission, together form a long contribution, illustrated by several excellent maps.

Dr. Parkes's Report on Hygiene is always a good and instructive paper, and it is, by the way, shorter than usual this year.

Dr. de Chaumont's Experimental Investigation into the Ventilation of the New Barracks at Chelsea is a laborious production, based upon an exact and scientific method, with some of the results of which investigation our readers are already acquainted.

Inspector-general Dr. Currie, C.B., recounts the Medical History of the Abyssinian Expedition; and Professor Maclean gives us the results of his clinical experience in the medical division of Netley Hospital.

Inspector-general Dr. Beatson, C.B., publishes the official documents furnished by him to the Indian Government, on the transport of troops and invalids, and several other subjects connected with medical administration.

Professor Aitken's paper "On the Physical Indications of the Age of Recruits," is so tough, that we fancy it will scare out of his senses an ordinary examining officer, expecting a ready guide to determining the age of recruits. It is founded in great part on Dr. F. P. Liharzik's measurements, which, if we remember aright, excited our curiosity when displayed in the Austrian Court of the last great Exhibition.

There are the details of numerous cases of a medical and surgical character in the volume; but we have been compelled to make this notice of the Blue-book in great part a recapitulation of the titles of the papers, and must defer their consideration until we have had leisure to read and inwardly digest the contents of this big volume,—a duty which is not to be performed in a day.

THE WATER-SUPPLY OF SOUTH LONDON.

For a long time past the local authorities of the metropolitan districts south of the Thames have been complaining, not only of the quantity, but also of the quality, of the water supplied to them, until at length they sought to bring their grievances in this respect before the President of the Board of Trade himself; but in consequence of that functionary declining to receive a deputation on the subject, the inhabitants have been obliged to content themselves with sending in a memorial praying that the character of the Southwark and Vauxhall Water Company's supply might be investigated by a competent person. We have not heard that anything has come of this memorial, and as, judging from the tenderness displayed towards the vested interests of large monopolists generally by Mr. Bright, since he has held office, he would probably not be in a hurry to decide upon the prayer of the memorial at all, much less to acquiesce in it, the South Londoners will no doubt be gratified to learn that a department exists which is both able and willing to consider their need, and that it has, in fact, anticipated their wishes in the matter.

From the monthly reports of Professor Frankland to the Registrar-General on the quality of the London waters in 1867 and 1868, it has been apparent from time to time that both the Lambeth and Southwark Companies have on a variety of occasions been supplying water in so turbid a state as to indicate the absence of adequate means of filtration; and as respects the chief offender, the Southwark Company, something much more serious than even defective filtration has more than once been suggested as a cause for the unsatisfactory results of certain analyses.

Thus, referring to the exceptional contamination of this Company's water during August, September, and October, 1868, Dr. Frankland remarks: "I directed the attention of the Company's engineers to the abnormal conditions of the water, pointing out that the admission of a certain proportion of tidal water of the Thames at Battersea, where the Company's reservoirs are situated close to the river, would cause the excess of impurities which I had observed." The presence of large quantities of common salt in the water, and of a large amount of ammonia, was also commented upon.

In view of the importance of this condition of the water-supply to a large section of the metropolitan community, in its relation to public health, Mr. J. Netten Radcliffe, one of the inspectors of public health, was instructed by the Privy Council to make a special inquiry into the whole subject; and we shall endeavour to state briefly the conclusions at which Mr. Radcliffe has arrived in his report thereon.

Mr. Radcliffe describes very minutely the nature and extent of the works for pumping, storage, and filtration of the Lambeth and Southwark Companies; but perhaps we may as well dismiss the former of these from present consideration (as it is comparatively a small offender) with the remark that the exceptional turbidity of the Thames at its intake would in a measure account for the turbidity of the supply, the remedy being the removal of the intake to higher up the stream, and the provision of additional means for subsidence and filtration.

Confining ourselves, then, strictly to the Southwark and Vauxhall Company, we observe Mr. Radcliffe reports that the turbidity of the water supplied to the consumers is dependent upon (1) the deficiency of provision for subsidence, (2) the insufficiency of the area of filtering surface, (3) and in certain instances upon one or other, or both, of the following causes—(a) the admission of tidal water from the Thames into the reservoirs at Battersea, either by direct inflow, by soakage, or by leakage; or (b) upon the admission of unfiltered water from the subsidence reservoirs into the pump-wells.

The Company has, it seems, already taken measures to remedy the defective provision for subsidence, and of filtering area; and an ordinary passenger by either of the lines of rail out of Victoria Station to the South will hardly fail to notice how vigorously new works are being carried on at Battersea.

As regards the admission of tidal water from the Thames at Battersea, we seem to be having a chapter of the East London Company's history over again. Mr. Radcliffe says:

"The communication with the reservoirs by means of which the Southwark Company drew its water directly from the Thames at Battersea, prior to 1855, still exists. It is now professedly used only as an outlet to empty (at low

water) the reservoirs when these need cleansing. But it may be used also (at high water) as an inlet, through which the water of the Thames at this point can be taken into the reservoirs.....Indeed, in September, 1865, the communication being in the same state as now, water was admitted through it into one of the subsidence reservoirs. By the bursting of the Company's main from Hampton, at Putney, on the 13th September of that year, the flow of water from the ordinary source of supply at Hampton was stopped for three nights and two days. The water in the reservoirs at Battersea was, in consequence, reduced to the lowest ebb, and to meet the contingency of fires, about 1,000,000 gallons were taken from the river through the old intake into one of the subsidence reservoirs. Mr. Quick assures me, however, that this water was not distributed in the Company's mains. It was held in reserve in view of the contingency referred to, until the accident to the Hampton main was repaired; but it was not needed."

Since 1865 no tidal water has, according to Mr. Quick, been admitted *with his knowledge* into the reservoirs at Battersea. But Mr. Radcliffe cautiously says that Mr. Quick "cannot speak with the degree of positiveness on this point which is to be desired." Certain "emergencies," of course very unlikely to occur, might cause recourse to be had to the convenient river outside; but as a mere matter of *belief* it is stated that no such "emergencies" have occurred since 1865. Opposed to such "belief," Professor Frankland remains firm in his conviction that tidal water, at least by soakage or leakage, was admitted last autumn; "he does not entertain the least doubt of it." And Mr. Quick is "unable to give any information" upon this very grave question, nor could Mr. Radcliffe gather from him that Dr. Frankland's statements and inferences were made the subject of any sufficient examination by the Company at the time. The admission of unfiltered water from the subsidence reservoirs to the pump wells, like the drawing of water into those reservoirs from the tidal river, is an illegal act; but, as Mr. Radcliffe observes, "the example of the East London Company in 1866 shows that it cannot on that account be predicated as unlikely to take place." And he shows that, because of the non-provision by the Company of a reservoir for the storage of filtered water, the pumping wells are supplied direct from the filtering beds, and that these being subject to impeded action may at times give a diminished yield to an extent which would require the unfiltered water to be drawn upon in order to keep up the daily supply. He is thoroughly satisfied, in short, "that the supply is thus supplemented from time to time with unfiltered water from the subsidence reservoirs," for in no other way can its muddy condition, and the presence of fish in it, be satisfactorily accounted for.

The remedy for this dangerous and illegal state of things, Mr. Radcliffe says, is, that "it should be required absolutely of the Company that the communication of the reservoir at Battersea with the tidal portion of the Thames, by means of the old conduit leading to Battersea Reach, and the direct communication of the subsidence reservoirs with the pump wells, should be entirely cut off." Mr. Radcliffe finds that though the Metropolis Water Act requires that the water supplied shall be effectually filtered, yet no provision is made for ascertaining whether, and to what extent, that effectual filtration is accomplished; he therefore suggests that the Companies should keep a daily register of certain specified particulars, which register should be open, when required, for inspection by any properly-authorised public officer.

We may observe, in conclusion, that Professor Frankland may well be satisfied with the testimony to the great public value of his water analyses, which is evidenced by this official inquiry of the Medical Department of the Privy Council, and fully borne out by Mr. Radcliffe's conclusions. So valuable does that gentleman hold the analyses to be that he suggests in his report the desirability that in future they should be made and published weekly, instead of monthly, as at present.

TROPICAL DISEASES.

To the Editor of THE LANCET.

SIR,—Permit me through your columns to say to Mr. Gray, with reference to his reply to my notice of his first communication to you on the above subject, that I neither "sneered" at him or the service to which he belongs. On looking back to my letter I can see nothing in it to justify the unfounded imputation.

Mr. Gray used his critical whip with great freedom on the shoulders of the whole body of his professional brethren in India without discrimination, accusing them, on the strength of observations made in a comparatively limited field, of treating disease in a spoliative manner long since obsolete. I took the liberty to point out to Mr. Gray that if the system of treatment he very properly, as I think, condemns, was carried out in India in the high-handed manner he described, we, at the Royal Victoria Hospital, must be cognisant of it, and that the facts observed there did by no means warrant so large a statement. It is no answer to such a correction of his somewhat unguarded communication, to enter into a defence of the medical officers of the Peninsular and Oriental Company, or to draw irrelevant comparisons between them and the medical officers of the army.

It appears that a quotation given by Mr. Gray was not, as I supposed, from the pen of the late Dr. James Johnson. All I can say in extenuation is, that it had so much of the Johnsonian flavour about it as to mislead others as well as myself.

I am sorry to hear from Mr. Gray that anyone deserving to be styled "one of the most brilliant and accomplished physicians of the day," has come forward as the advocate of bloodletting in tropical diseases; and I quite agree with Mr. Gray, that as much mischief may be done by indiscriminate leeching in India as by the abuse of the lancet. No one has written on this subject more admirably than Sir Ranald Martin, whose caution on this point to young tropical practitioners should be deeply engraven on their minds.

I am, Sir, your obedient servant,

W. C. MACLEAN.

Royal Victoria Hospital, Netley, Aug. 1869.

THE SICK-CLUB QUESTION.

A MEETING of the members of the medical profession in Liverpool and the neighbourhood was held on the 3rd of August, to discuss the question of sick-club remuneration. A very remarkable letter was read by a gentleman who signed himself "Dr. J. T. W. Brass, Physician and Surgeon." The following resolution was carried, with only one dissentient, Dr. Sinclair, who objected only because he thought the commercial depression made the time inopportune:—

"That we beg to suggest to the committees of the various sick benefit societies that on and after the first of January, 1870, the minimum rate of remuneration for the medical attendants of such societies should be 4s. 1d. per member per annum."

We do not see the beauty of the penny in this proposition; otherwise it is a very moderate one, and we believe will be respectfully acceded to by the clubs. An admirable feature of the meeting was the sympathy of the speakers with the club system, Dr. Adam suggesting that if medical men would treat their club patients a little more as they treat their private ones, it would be appreciated. Dr. Hill said, as the result of his inquiries, each member of a club was sick seven days and a half in the year, no account being taken of those cases which came to the doctor's house and got medicine. The rate of four shillings would barely allow 7d. a visit, supposing the patient to be seen daily.

THE LANCET.

LONDON: SATURDAY, AUGUST 14, 1869.

THE meeting, just terminated, of the British Medical Association has been one on which those may well be congratulated who have, by their energy and perseverance, attained results so excellent in themselves, and so full of promise for the future. The four hundred and fifty gentlemen who met together at Leeds must have been influenced solely, or at least chiefly, by a desire to take part in the Association business, and to promote the aims of the body to which they belong. Leeds in itself possesses none of the special attractions that have been offered by other places of meeting: by Oxford, as a venerable seat of learning; by Clifton, a resort of pleasure; or by Dublin, a scene entirely novel to most of the English associates. It may fairly be inferred, therefore, that the annual general meeting, wherever held, will for the future be sufficient to bring together a large number of the most active-minded and influential men in the profession; and, if this expectation be fulfilled, the meeting cannot fail to exercise, year by year, a more distinct and striking influence upon the general status of medical practitioners, and upon the attainment of their legitimate ambitions and objects. The social and convivial elements of such a gathering are themselves active for good, in inducing friendly personal relations between men who would otherwise have remained strangers to each other; but the public work to be done is of a higher character than this, and is likely to be marked, we think, on each occasion, by the plain enunciation of some distinct principle of action. If we look at the Leeds meeting in this light, it becomes apparent that the feeling now chiefly predominant in the profession is a profound distrust of the various corporations with which its members are connected. In the debate on the direct representation of the profession in the Council, this feeling of hostility to the corporations was so strong, that it enabled the rhetorical skill of Professor HAUGHTON to gain a victory that would otherwise have certainly been denied to him. His resolution, to the effect that the representatives of the corporations should be elected by the Members or Licentiates of each, was carried by a very considerable majority; although Dr. HESLOP and Dr. SIMSON pointed out that it affirmed the propriety of continuing the present system of representing these bodies, instead of representing the profession. But while, on the one hand, it effected nothing, and was powerless for harm, it was felt to be a distinct vote of want of confidence in the present electors, in the various little cliques, or boards, or committees, which now send to the annual gathering in Pall-mall the gentlemen by whom the education and the registration of the profession are supposed to be controlled. The desire to administer such a slap in the face to these electors, and through them to the Council that has lately declared its own constitution to be perfect, was so strong as to be practically irresistible; and it therefore left the Members pledged to an expression of opinion that the corporations—say, for instance, the College of Surgeons of England—ought, in any future Council, to be continually represented, but that the representative should be elected by the Fellows and Members, not by the Council of the College. There can be no doubt that such a resolution, together with the great memorial recently presented to Lord DE GREY AND RIPON, will be likely materially to influence the course of future legislation. We trust, however, that somewhat different views will ultimately prevail; and that the profession will be represented, not as physicians or surgeons, or apothecaries, but as practitioners, and perhaps in districts. It would not be difficult to arrange the United Kingdom into districts, and to allow the practitioners resident in each district to send a member to a General Medical Council. Such a course would be far better than to give them the power of voting for the members for the examining bodies; because, on this latter plan, a man who appended to his name a whole alphabet of the initials of inferior or worthless qualifications would vote for many candidates, and in several elections; while physicians and surgeons of the highest repute would, as a rule, be entitled to vote in one or two contests only. The fact is that the corporations should be the servants of the profession, not its masters. Their past ascendancy has been the source of many evils; and we trust that the Association will take care that its next vote of censure does not covertly support the very abuses that it appears to condemn. Under the skilful management of Professor HAUGHTON, the meeting was made to behave like the Irish rebels in 1798. The proprietor of a private bank of issue had rendered important services to the Government; and the rebels revenged themselves by seeking and burning his notes. In like manner the Association has just strengthened, rather than weakened, the position of the very bodies that it earnestly desired to condemn.

THE Annual Report of the Lunacy Commissioners,* which has just appeared, is likely again to excite attention to the serious question whether insanity is not largely on the increase in this country. It appears that on January 1st, 1869, the total number of insane persons in England and Wales was 53,177, of whom as many as 46,896 were paupers. This is an increase of 2177 on the previous year; by far the greater proportion of the increase—namely, 2020—being in pauper patients. Of every 100 of these paupers, about 61 are in asylums, hospitals, and licensed houses, 24 in workhouses, and 15 in private dwellings with their relatives or others.

Comparing the total number of the insane at the beginning of this year with what it was ten years ago at the beginning of 1859, we find an increase of 16,415. In fact, the number of lunatics has increased 45 per cent. during the decennial period ending 1st of January last, while the population has only increased a little more than 11 per cent. during the same period. Or, to put the matter in a form in which it will be more easily apprehended, there was in

* The Twenty-third Report of the Commissioners in Lunacy to the Lord Chancellor. Ordered by the House of Commons to be printed, July 14, 1869.

1859 one registered insane person in 536 of the population; there is now, in 1869, one registered insane person in 411 of the population.

Taking for consideration the admissions of certified insane patients as affording a less fallacious index of the occurrence of insanity in the population, we find that they were, in 1859, 9310; and in 1868, 11,213. Thus in the former year the proportion of admissions to population was 1 in 2115, and in the latter 1 in 1931. The average annual increase of the admissions during the ten years has been about 2·04 per cent., while the average yearly increase of the population has been about 1·11 per cent. During the same period, the average number of recoveries in 100 certified insane persons of all classes was 33·93 per cent., while the proportion of deaths to the daily average number under care and treatment was 10·31 per cent.

We have repeatedly pointed out the reasons there are for believing that the main part of the great increase in the number of certified insane persons is attributable to other causes than an augmented liability to insanity in our time. That so many more persons are shut up in asylums than at any other period, is not really because many more persons go mad now than in the days of our grandfathers, but because we give a great deal more attention than they did to bringing them under proper care and supervision, and because of the prolongation of their lives by the humane system of treatment. It may be also that, with a somewhat too jealous vigilance, we detect insanity where our grandfathers would never have suspected it, and think it necessary to shut up in asylums persons whom they would have allowed to go freely about their business in the world, notwithstanding that they might display some degree of eccentricity in their conduct. The consequence has been a steady accumulation of certified lunatics in asylums and elsewhere, which is sufficient to account for a great proportion of the increase in their numbers. For example, there were, in 1861, 9329 admissions, and at the end of the year there was an increase of 1482 in the number of certified patients. In 1862 the admissions were fewer—9078; but there was at the end of the year an increase of 1989 in the number of certified patients. It is obvious, then, that the accumulation of those who do not die, or are not discharged, accounts for a considerable proportion of the increase in the registered lunatic population. Moreover, a very effectual cause of increase in the admissions of pauper lunatics was an Act of Parliament, passed in 1861, which rendered pauper lunatics chargeable upon the common fund of the union, instead of, as had previously been the case, upon the parishes to which they belonged. The effect of this Act has been the removal of many harmless lunatics, idiots, and imbeciles to the asylums; for when the cost of their maintenance no longer fell directly on the parish, all the care of the parish officers was to get rid of the trouble of them as soon as possible. Whether the operation of the Act be sufficient to account for the increased admissions of the last few years it is impossible to say; but there can be no question that it does account for a considerable proportion of them. And, inasmuch as recovery could not be looked for in many of those admitted, they must remain at the end of the year to swell the accumulation of certified lunatics. At the end of last year there was an increase of 2177 in the number of certified patients, although the admissions were only 582 more than those of the previous year.

Apart from the statistical tables which the Commissioners give, and which are an improvement on those of former years, there is but little in their Report which is of general interest. They notice the pressing want of asylum accommodation for the pauper lunatics of the county of Middlesex, and give a detailed account of the steps which they have persistently taken to force the magistrates to erect, without delay, a third asylum for at least 1000 patients, so constructed as to admit readily of extension. It appears that there are now 494 patients belonging to parishes of Middlesex in metropolitan licensed houses; 1494 in workhouses; 57 at Fisherton House, Salisbury; 50 at Hayward's Heath Asylum; others at Haydock Lodge in Lancashire, and some removed as far as the asylum for the North Riding of Yorkshire. A considerable space in the Report is occupied by an account of some fatal casualties and injuries which have occurred in the Hanwell Asylum and elsewhere during the past year. Though more than one of these casualties certainly appears to have called for censure on the management, we cannot help feeling that, on the whole, the Commissioners hardly evince a sufficiently considerate spirit in their comments. It is always easy to be wise after the event, and the experience of those among them who have held the anxious and responsible office of superintendent of an asylum must have taught them that it is impossible to prevent some casualties occurring in a large asylum. The weight of their authority in the country, and the value of their Reports, will be alike diminished if these are allowed to become yearly records of petty criticism and censure, based upon *ex parte* statements. In order to be vigilant in supervision it is not necessary to lie in wait for, and eagerly seize upon, every possible occasion for official criticism or condemnation; nor is it wise to do so.

THE long-looked-for Report of the Civil Commission on Naval Hospitals has at length seen the light, in the form of a parliamentary paper. It may be remembered that Mr. CHILDERS appointed the Commission in February last, when the office of Director-General of the Navy was in abeyance; and, from the wording of the Admiralty Minute, the attention of the Commissioners appears to have been directed rather to a criticism of the economic arrangements of the naval hospitals than to their efficiency *quoad* the treatment of the sick. Thus the Minute runs:—

"Whilst my lords have no reason to believe that the medical treatment of the patients in the naval hospitals and marine infirmaries is other than excellent, and they deem it to be quite unnecessary that any inquiry should extend to that branch of the hospital management, still they are of opinion that the great increase in salaries, wages, &c., at these institutions during some years past calls for inquiry."

The Commissioners in their Report proceed to show that this increase of expense is in great part due to the general increase in the pay of the medical officers during the last few years, and also to the fact that money payments are

now made to nurses and servants instead of the rations formerly issued to them. They then remark upon the general efficiency of the large naval hospitals, which they pronounce to be "in all respects adapted to secure the comfort and well-being of the patients;" and show that, from the nature of things, naval hospitals must during peace-time be comparatively empty, and yet must be prepared for sudden emergencies, such as the unexpected arrival of 700 cases of scarlet fever at Haslar Hospital in 1853.

The Commissioners recommend, we are happy to say, the abolition of those ornamental but unnecessary officials, the captain-superintendent and two lieutenants at Haslar and Plymouth Hospitals; and, as our readers are aware, this suggestion has already been acted upon as respects the lieutenants, and no doubt the future vacancies in the post of captain-superintendent will not be filled up. The number of nurses attached to each hospital might, in the Commissioners' opinion, be reduced below the regulation standard—one to every seven patients; and the convalescent patients might be employed advantageously in minor duties. At the same time, exception is taken to the frequent discharge of trained nurses; and it is recommended that a permanent staff of suitable size be engaged for each establishment, and increased as may be required on emergencies.

The number of medical officers and their duties was of course considered by the Commissioners, and their recommendations are as follows:—The reduction of one assistant-surgeon at Melville Hospital; the transference of the staff surgeon of Marine Artillery to Plymouth Hospital to take charge of the surgical patients there, and the reduction of the assistant-surgeons from five to four. At Haslar the second inspectorship of hospitals is recommended to be abolished (in fact, it has followed upon Dr. BURNS' retirement); and at all the hospitals it is proposed that the senior medical officer should be responsible for the whole of the management of the establishment. In conclusion, it is recommended that the office of "medical storekeeper" should be abolished, and the drugs be put under the charge of a dispenser; and that the cost of drugs expended in each hospital should appear in the report of its expenses. Some of the recommendations of the Civil Commission have, as we have said, been already acted upon, and others will in all probability shortly receive attention—e.g., the abolition of the office of medical storekeeper. The Director-General, Dr. ARMSTRONG, has quite recently been inspecting officially all the great naval hospitals and harbour-ships; and it is not improbable that further beneficial changes may follow upon his visit. As a "sign of the times," we may note that the Director-General did not follow the example of his predecessors and make an official visit in an unofficial manner; but that due notice was given from head-quarters of his arrival, and care taken that proper respect was paid by all ranks to the head of an important department.

WHILE we in this country are sometimes apt to complain of the supineness of Parliament in matters medical, it may not be amiss that we should cast occasional glances beyond the four seas of Britain, in order to observe how our brethren fare in countries where they are not governed by King Log, but by King Stork. At this moment cries come to us from colonies so widely separated as Canada and Australia, relating the struggle of the profession against foolish and derogatory laws. It will hardly be credited that in Canada a Medical Council has been formed, "composed of one representative from each of six colleges named, and twelve district or territorial representatives, elected by popular vote of the registered practitioners, and additional members, as provided by Clause or Sub-section 2 of Section 8, as follows: 'There shall also belong to the said Council five members, to be elected by the duly licensed practitioners in homœopathy, who have been registered under this Act; and five members to be elected by the duly licensed practitioners in the eclectic system of medicine, who have been registered under this Act.' The Act also incorporates the medical profession under the name and style of 'The College of Physicians and Surgeons of Ontario;' and to become registered under the Act makes the person so registered—be he allopath, homœopath, or eclectic—a full-fledged member, without distinction of any kind whatever, of this College of Physicians and Surgeons." This, however, is not all, for the same Act by which this heterogeneous Council has been established also "provides that students who elect to be registered as homœopathic or eclectic practitioners 'shall not be required to pass an examination in either materia medica or therapeutics, or in the theory or practice of physic, or in surgery or midwifery, except the operative practical parts thereof, before any examiners other than those approved of by the representatives in the Council of the body to which he (or they) shall signify his (or their) wish to belong.' Thus the old homœopathic and eclectic boards are not only perpetuated, but they are placed in a position to hold out a bribe to incompetency. And the bait of a short curriculum and an easy examination—partly beyond the control of the central board—may be safely calculated to catch numbers of student recruits, particularly as their registration makes them members of the same College of Physicians and Surgeons as those passing the higher examination."

There are probably few practitioners in England who are aware that what is called homœopathy has for some time had in Canada an existence recognised by law; and that it has shared that honour and advantage with eclecticism—whatever eclecticism may be. It was found, however, that the homœopathic and eclectic schools, when left free to pursue their own devices, were bountiful in scattering over the country licentiates whose attainments, however considerable as regards homœopathy or eclecticism, were not satisfactory in any other particulars; and this precious measure of so-called "consolidation" is nothing else than an attempt to diminish the injurious results of quackery by forcibly allying it with legitimate medicine. It is only fair to say that the Act by which this strange union was effected derives its power of mischief from provisions inserted into it during its passage through the Legislature, and after its original form had been approved by the profession. At the first meeting of the Council created by it, a strenuous endeavour was made by Dr. AGNEW and Dr. OLDRIGHT to carry a resolution condemnatory of the Act,—declaring that

the coalition forced upon the profession was alike subversive of the cause of science and of professional morality, and seeking the appointment of a committee to memorialise the Lieutenant-Governor in Council. We are ashamed to say that this resolution was not carried, and that ten regular practitioners were found ready to abet the ten irregulars in the Council in their opposition to it. The names of the gentlemen who supported it—Drs. AGNEW, DAY, MOSTYN, OLDRIGHT, BETHUNE, GRANT, and C. B. HALL—are worthy of being held in grateful remembrance by all lovers of truth and of professional honour.

At Melbourne the state of things is widely different. There Mr. CASEY, the Minister of Justice, has brought into the Legislative Assembly an "Act to Amend the Coroners Act;" and this proposed Act provides,—

"That if any person shall (except at a school of anatomy) dissect or commence to dissect, or permit any other person to dissect or commence to dissect, any dead body without written authority in that behalf from a coroner or deputy coroner having jurisdiction in the district within which such body is, every such person shall be guilty of a misdemeanour."

In other words, there is to be an end of post-mortem examinations in the colony of Victoria, unless they are performed under a coroner's warrant; so that the state of pathology in Melbourne would, in the course of a generation, approach to its present condition in Mahometan countries! Our correspondence hints that this clause is introduced at the instigation of a small number of medical gentlemen who desire, and under the new arrangement would be likely to obtain, a monopoly of such inquiries; but we cannot believe it possible that such a law can ever either be passed or enforced. It would be more in accord with the progressive spirit of a new country if a post-mortem examination were ordered in all cases of death, as a means to correct registration of the causes of mortality.

Both in Canada and in Australia, however, we may feel confident that any triumph of legislation over truth and common sense will be only of a temporary character, and that the strenuous exertions of the profession will remove such blots from the statute book. We may, in the meanwhile, take comfort in the thought that, bad as our condition is in England, it is perhaps better than that of some of our neighbours.

Medical Annotations.

"Ne quid nimis."

ST. BARTHOLOMEW'S HOSPITAL.

IT is but natural to suspect, from some correspondence we have lately published, that the out-patient practice of St. Bartholomew's Hospital is in an unsatisfactory condition. A visit to the surgery any morning between ten and eleven o'clock will suffice to reduce suspicion to certainty. On the surgical side, in rooms in either of which more than half-a-dozen patients could not with anything approaching to comfort be seen at a time, and the accommodation of which obviously suggests the presence of two surgeons only, will be seen as many as one or two house-surgeons and four or five dressers, struggling in a throng of from twenty to thirty patients, the press being so great that it is a matter of very considerable difficulty to pass from one end of the room to the other; and on the medical side, two house-physicians performing in as many hours the unheard-of feat of prescribing for upwards of four hundred new cases.

Nor in the out-patient rooms properly so called is there any lack of employment for the medical officers. At the surgical room, in fact, the work is so heavy that the assistant-surgeon is compelled to abandon all attempt to comply with the wholesome regulation that each new patient should be prescribed for under his own eye; so much so that many of them are from beginning to end treated by students whose experience must, to say the least, be limited. In fact, it is obvious that the arrangements and accommodation are so inadequate to the number of patients that quality in treatment is necessarily sacrificed to quantity.

We are glad to know that a scheme for the remodeling of these departments, emanating from the staff, has for some time been before the authorities; and we trust that before long we shall be able to report that a good system of well-directed out-patient relief has been inaugurated at an hospital of such fame and wealth as St. Bartholomew's.

THE INDIAN MEDICAL SERVICE.

NUMEROUS correspondents have called our attention to the unsatisfactory state of the Indian medical service as regards the facilities its members enjoy for obtaining furlough to Europe after long service in a tropical climate. It is well known that the prizes of the service are the "civil appointments"—i. e., appointments as civil surgeon to a station where a large amount of private practice is to be obtained. The rule has always been that a furlough of under two years did not vacate these appointments, and although the recent furlough regulations specially and unfairly except the medical officers of a regiment from the rule which still governs all other military appointments, yet even so late as Dec. 28th, 1868, an official circular from the military secretary to the Governor-General was sent to all the civil surgeons in Bengal, ruling that though regimental medical charges were no longer "appointments" in the sense of the new military furlough rules, yet that all other appointments held by medical officers were so. Acting on the faith of this circular, several civil surgeons, with eight years' service, embraced the opportunity of visiting England; but no sooner were their backs turned than the Indian government filled up their posts permanently, and they are thus left literally "out in the cold."

It is now too late, unfortunately, to apply to any member of the House of Commons to take up the cudgels on behalf of the deluded gentlemen in question, but we appeal to the Duke of Argyle to see that justice at least is done in the matter, if a misunderstanding has occurred. We cannot see on what principle the differences made between the military and the medical officers of the service can be sustained, unless it be, indeed, that the services of the doctors are so much more valuable than those of the military officers, that every obstacle must be thrown in the way of their quitting their stations. It is a monstrous anomaly that medical officers alone should have to defray the expense of a journey to India after sick leave, and we cannot understand on what grounds a passage is refused them in the government transports, which are maintained at great expense specially to facilitate the transfer of the military of all grades between England and India.

POISONING BY STRYCHNIA.

THE trial of Mary Anne Langford, the wife of a druggist at Lynn, for the wilful murder of her child by strychnia,

took place on Monday last. The jury found the prisoner "Not guilty;" and we understand that her acquittal was in part due to the impression produced by a letter which appeared very recently in our columns, from Dr. Harley, in confirmation of some comments we made on Dr. Letheby's evidence at the coroner's inquest. The question that arose was whether, in the event of a woman, who was suckling a child, taking strychnia, the poison could pass off by the milk in sufficient quantity to prove fatal to the infant; and a further point of interest was whether the poisonous action of the drug could be exerted on the child whilst the mother remained free from any deleterious action. The case recorded by Dr. Harley, and also another by Dr. Lewis, seem to establish both points, and may prove important precedents in future investigations. At the same time it would appear that in this instance there was strong ground for believing that the poison was directly introduced into the child's stomach, and not through the medium of the mother's milk. This is stated to have been the opinion of Dr. Taylor; but we cannot agree with him in the reason he assigns for his belief—namely, that "if it had depended on the milk it would have been so rapidly absorbed, that in the course of nine hours there would have been no trace," because it appeared from the evidence that the stomach actually contained a fluid ounce of a thick fluid pap and milk, which, for anything that appears to the contrary, might in part have been derived from the mother. We should rather hold the view of the direct introduction of the poison, from the facility with which it was recognised both by the oxidation test and by the action of the contents of the stomach on frogs; for it is hardly conceivable that such a proportion as must have been present in the blood of the mother to admit of her secreting milk so strongly impregnated with the poison could fail to injuriously affect her own system.

CHARING-CROSS THEATRE AND HOSPITAL.

A THEATRE has lately been opened in King William-street, Strand, within three or four doors of the Charing-cross Hospital. Hearing that some complaints had been made in reference to the noise from the orchestra disturbing the rest of the patients, we have thought it well to make some inquiries upon the spot, and we are happy to say there does not seem any very strong ground for the allegation. Of several nurses conducting wards lying nearest to the theatre, only one said she had heard any complaint respecting the noise, and all thought the din and rattle of the street an infinitely worse annoyance. One nurse, indeed, thought the patients rather liked the music than otherwise. None of the patients whom we questioned had any complaint to make. Oddly enough, the evidence seemed to show that Mr. Woodin, who formerly "entertained" the public in the hall which is now converted into a theatre, managed to make more noise single-handed than the whole theatrical troupe now performing. But then Mr. Woodin assumed a large number of characters.

LONDON DEAD-HOUSES.

THE ever-recurring subject of the horrible receptacles that are provided for the dead by London parishes has again been forcing itself into notice. In an inquest on an old woman who died in Great Warner-street, the deputy coroner, Dr. Hardwicke, called the attention of the jury to the question. He told them that "public mortuaries were used in Germany, though they were not yet adopted in France. They were provided for by the Sanitary Act of 1866; and it was no wonder, when they saw the horrible places now appropriated to the use of dead-houses in the London parishes, that people refused to send their dead to them. They wanted proper receptacles built for the purpose—buildings somewhat of an ecclesiastical appearance. In Liverpool a mortuary had been erected, and, notwithstanding the objection of the Irish poor to part with their dead, it was used greatly to the advantage of the people, all prejudices against the use of such a building having been overcome. This would be the case in London when proper establishments were erected." The jury, we are told, concurred in the views of the coroner; as, indeed, they could scarcely help concurring. We trust that the Sanitary Commission will have its attention specially directed to this matter. The overcrowding of many poor dwellings is one among many causes of a mortality that renders a corpse no uncommon inmate of a room in which an entire family live and sleep; and the corpse is often detained, for various reasons, until it is far advanced in decomposition. There can be no doubt that in this view of the case compulsory legislation is urgently required, and that all parishes should be called upon to provide decent and properly formed public mortuaries, as a means for the speedy removal of corpses from places in which they are offensive or deleterious to the living.

THE NURSERY AT ST. LUKE'S.

AMONGST the abominations to which the attention of the guardians of the Holborn Union has been drawn by Dr. Stallard, none is more conspicuous than the nursery, or No. 10 Ward. It is a confined building, the entrance to which is in close proximity to some latrines and closets, which are not permanently supplied with water. On entering, immediately behind the door is a sink, which stank abominably, and was complained of by the nurse in charge. In the day-room there were eleven mothers with their infants, the latter attended during working hours by aged inmates. Ventilation, properly so called, is, from the situation, quite impossible; and the sour and fetid atmosphere was indicative of frequent, if not constant, diarrhœa among one or more of the children. This combination of sewer gas and foul air is conducted by the staircase to an upper room, in which there are ten bedsteads, placed so close together that some have to be turned up on end to see and clean the floor—in fact, there is no space between them. Here, also, there is no effectual ventilation; and the atmosphere at night was reported to be most offensive, although the openings in the windows (15 ft. by 20 ft. only) are never closed. In this "hole of Calcutta" sleep nine women and nine children, with a superintending pauper nurse; and the atmosphere is made worse by a constant gaslight. No wonder that diarrhœa has prevailed, and that the children ail. How the construction of such an abominable place came to be effected by the guardians or sanctioned by the Poor-law Board is a mystery peculiar to Poor-law administration; and we sincerely hope that the recent amalgamation of parishes, and the diffusion of wiser views, will put an end to such a glaring evil.

SPECIAL INSTITUTIONS.

OUR readers are well aware that we have persistently opposed the system of small institutions for the treatment of special classes of disease. It is scarcely necessary to reiterate the grave objections which exist to this order of hospitals, infirmaries, and dispensaries, open as they are to every kind of abuse, and often degenerating into little other than vehicles for professional advertisement. We are therefore glad to receive notice of the approaching closure of the Metropolitan Ear Infirmary in Sackville-street. This involves some sacrifice on the part of Dr. Peter Allen, upon whom the superintendence of the establishment has devolved since the death of Dr. Yearsley; but it is made by

him in furtherance of the right mode of pursuing practice, and, ultimately, the advantage of the poor. We remark this decided step in the right direction as more praiseworthy because taken by a professed specialist—one, therefore, of the class whose pecuniary and personal interests are naturally most served by the continuance of such institutions, and for whose benefit, rather than that of the recipients of relief, they have been, for the most part, set on foot. It must in fairness be observed that the Infirmary in question has occupied a position different from some of the more recent of kindred establishments. It was founded above thirty years ago (mainly through the exertions of the late Sir Matthew Wood, father of the present Lord Chancellor), and at a time when no efficient arrangements existed, at the large general hospitals, either for the relief of sufferers from ear disease, or for the instruction of students in this important department. We believe that Dr. Allen now closes it from the conviction that the really necessitous amongst the numerous patients who attend there can be equally assisted in ways less liable to objection, and in deference to the advance of opinion amongst those desirous to maintain the profession of medicine upon the highest and most honourable ground.

WET-NURSING AND INFANT MORTALITY.

A PARAGRAPH has been going the round of the papers on the subject of one Bessie Pay, an illegitimate child of nine months old, who died while in charge of a paid nurse. It appeared in evidence before the coroner that Bessie Pay was the second child of her mother, who had gone out as wet-nurse after both confinements, and whose children had both died under similar circumstances. Now there may possibly be a very few exceptional cases in which the employment of a wet-nurse may be said to be so far necessary that it saves the life of the infant who is fostered. As a rule, it saves nothing but trouble in a nursery; and saves that trouble at the cost of the life of Bessie Pay, or of other Bessies like to her. It ought to be widely known that in any comfortable home, and certainly in any family where the expense of a wet-nurse can be borne, a child may be brought up by hand without difficulty. The failures are chiefly due to ignorance, and in many cases to mere dirt and slovenliness. The child displaced from its mother's breast to make room for a stranger, has commonly to encounter all three, and can hardly survive except by a miracle. We would urge upon the teachers of midwifery in our schools that they should take pains to instruct their pupils in both the principles and the details of successful methods of feeding infants by hand; and that they should strive to impress upon them the conviction that the employment of a wet-nurse is generally as unnecessary as it is immoral.

HEALTH OF CHILDREN IN REFORMATORY SCHOOLS.

ACCORDING to Mr. Sydney Turner's Annual Report, the health of the children in reformatory schools is better than that of those in the pauper district schools. There were last year only 41 deaths amongst 5320 inmates, or ·77 per cent. It would appear that 20 discharges took place on medical report; and, if these be added, the total mortality would be 1·15 per cent. It appears to us that this statement cannot be adduced as any remarkable proof of the healthfulness of reformatory schools, or of the sound principles as to diet, employment, and discipline on which they are conducted, as the Commissioner would have us suppose. The mortality of children of the same age in England and Wales is not more than 0·65 per cent.; and it must not be forgotten that all the children are medically examined before admission, and no case of serious constitutional complaint would either be knowingly admitted or, if admitted, allowed to remain. That the mortality is less than in pauper schools is due to this circumstance, and also to the fact that the average number of children in each school is only 74; and of the whole number of such institutions (77), only 9 have more than 200 inmates.

We are happy to observe that the Commissioner approves of the schools in which there are day scholars of both sexes, who receive instruction and are partially fed. This system, says Mr. Turner, has many advantages, placing the children more on the footing of common life, and certainly exercising a kindly influence on the general discipline, and, we might add, on relations at home. We believe that just in proportion as the relations of ordinary home life are respected and retained, so will be success both physically and morally. Only one-third of the children in reformatories have parents fit to take care of them. This loss cannot be supplied except by foster parents; and the problem is how these can be economically obtained, and helped to do their duty. The extension of industrial training schools, on the day-school system, appears to present the most reasonable hope of improving both the health and industrial habits of the children of the poor; and where there are no parents, the boarding-out system must be called in support.

HEALTH OF MR. GLADSTONE.

VARIOUS contradictory and absurd rumours respecting Mr. Gladstone's health have gained currency with the public. The simple facts are these. On the 2nd, the attack correctly described in our issue of the 31st had completely ceased, and Dr. Andrew Clark, under whose professional care the Premier has been, reluctantly assented to his resumption of executive duty. On the 6th, in consequence of the excessive and unavoidable labour of winding up so important a session of Parliament as the present has been, there was a slight relapse, which, however, was quite overcome on the following day. On the 10th, free from every symptom of his recent malady, and from all ailment but weakness, the Premier proceeded on a visit to Walmer Castle, where we hope he will experience a speedy restoration of his accustomed strength and vigour.

PUBLIC WORKS IN INDIA.

ACCORDING to Mr. Grant Duff, we have 64,700 European troops in India, maintained, as troops circumstanced as these must almost necessarily be, at enormous expense. There are now being built throughout that country a number of expensive barracks, and it has not yet been determined whether these should be paid for out of loans or not. The construction of public works on a large scale is likewise contemplated, such as those for irrigation and State railways. The extension of the railway system in India may render it necessary, for strategical purposes, to occupy new positions; and it is very desirable, to say the least, that the Indian Government should endeavour to locate as many of the troops away from the plains as the safety of imperial interests will permit. The loss which this country sustains from the disabilities contracted by soldiers during their tour of service in India is very great; it is not, unfortunately, to be measured by the prevalence of an epidemic disease such as cholera, large as this is. The endemic fevers, sunstroke, hepatic and dysenteric affections, are, as everyone knows, often followed by remote effects, which either permanently disable the soldier, or render him unfit for service again in a tropical climate. Troops are more liable to contract these diseases when serving in the plains than on the hills, and the climate of the former induces a gradual de-

terioration in the general health which predisposes to them. Unfortunately the water-supply of India is, as a rule, in an unsatisfactory state, and, if all we hear be correct, that of the hills forms no exception. The water is generally more or less impure, often containing large quantities of nitrates, and it is liable to be contaminated by the products of sewage and the excreta of the sick. We do not pretend to define the extent to which it would be safe to diminish the number of European troops garrisoning the plains; but if Mr. Grant Duff is looking for help, as he says he is, to the reduction of military expenditure and the inculcation of economical habits of thought, he will urge the necessity of sanitary considerations on the Indian public mind, and let it be informed of the importance which the ablest physicians in this country attach to an impure water-supply as a source of danger and a vehicle for the propagation of disease.

ADULTERATION OF POISONS.

THE Right Hon. the President of the Board of Trade will be able to adduce, in the next session of Parliament, a striking instance of the benefit that may be conferred upon the community by the unrestrained licence of his shopkeeping friends to adulterate their goods. It seems that grocers, while apt enough to mix poison with things that should be harmless, also reverse this process, and, to the great discouragement of would-be murderers, mix comparatively harmless stuff with their poison. A shepherd named Heath has been committed for trial for adding vermin powder to his children's sugar; but the vermin powder had been subjected to the operations of "free trade," and altogether failed to do mischief. We can imagine Mr. Bright pointing the moral which this tale is adapted to teach, and showing, amid the cheers of the tradesman's interest in the House, how unchecked adulteration has been a barrier to the commission of murder. We fear there is little prospect of his regarding the other side of the question, and considering how many murders it has caused.

THE THAMES AT BARKING.

MR. RAWLINSON has closed his inquiry, but from what transpired on Saturday last it is perfectly evident that the whole truth has not yet come out. Evidence was given that the sewage is, at least occasionally, discharged when the tide is running up, Mr. Barnes having opened the sluices without authority. It will be desirable to know how often this is done. Evidence was also tendered, as we supposed it would be, as to the character of the mud deposited in Barking Reach, but Sir J. Karslake succeeded in keeping it back by the plea that he had no instructions as to the line of cross-examination. Nevertheless, Mr. Lloyd, in reply, stated that Dr. Letheby has officially reported that the mud in each case was black and fetid, and in a state of active putrefactive decomposition. When examined with the microscope it was found to consist of broken-up sewage matter, with the remains of myriads of animalculæ, and a large quantity of carbonate of lime in a partly crystalline state. Dr. Letheby further stated, "that the accumulation of large quantities of this mud, at the sewer outfalls, may be a cause for serious alarm, especially as it there meets with sea-water, the sulphates of which may, by their chemical decomposition by the putrefying mud, occasion the escape of sulphuretted hydrogen, and set up that remarkably offensive change which is characteristic of the action of sewage upon sea-water." The evidence of Dr. Way was also tendered on the same point. It appears to us that these opinions are consistent both with facts and common sense. So far from the sewage being annihilated, or even imperceptible at half a mile from the outfall, we are credibly informed that the stench is occasionally distinctly perceptible as low as Erith Reach, or six miles and a half below the northern outfall; whilst the banks of the river four miles down, which used to be tolerably clean shingle, are now deeply covered with the sewer mud.

We shall await the result of Mr. Rawlinson's inquiry with great anxiety, as its nature will probably determine the future course which the Home Secretary will take. The inquiry has not been an exhaustive one, nor is this necessary. The question of prohibiting the further discharge rests with the Court of Chancery, and not with the Home Secretary, who, however, has special powers given him in the case before us to initiate proceedings, should he think fit to do so. Sufficient evidence has at least been given to justify a full discussion as to the propriety of wasting the sewage, fouling the Thames, and impeding its navigation. The question must, in fact, be determined soon and decisively whether the Thames is to be exceptionally treated, and alone of all the rivers in the country to be defiled by law.

PHARMACY ACT AMENDMENT.

OUR readers will remember that when the Pharmacy Act of 1868 came into operation, we expressed an opinion that some of its provisions would act injuriously on medical practitioners. The promoters of the Bill had no intention that this should be the case, and accordingly disputed the accuracy of our reading; nevertheless, an Amendment has now been carried through Parliament, and the first object of that amendment is to remove any doubt or ambiguity which might exist as to the reservation of the rights of the profession. Hereafter the word "apothecary," in the Act of 1868, is to be construed as meaning medical practitioner; or rather the Amendment Bill which passed the Legislature on Tuesday declared that all legally-qualified medical practitioners shall be unaffected by the first fifteen clauses of the Pharmacy Act. These clauses define the persons who are to sell and dispense poisons. Moreover, the required change has also been made in the construction of the 17th section, and it is now declared that the provisions therein contained relative to the mode in which poisons are to be sold shall not apply to any medicine supplied by a legally-qualified medical practitioner to his patient. This provision was imported into the Amendment Bill at the last moment. The House of Commons inserted a clause, originating with Dr. Brewer, regarding the dispensing of medicines from the prescriptions of legally-qualified medical practitioners, which the Lords struck out from the Bill. The Commons, on the return of the Bill, disagreed, giving as their reason that it is just that qualified medical practitioners should be exempted from the provisions of the 17th section of the Act. On further discussion in the House of Lords, the clause was restored, with alterations which protect more effectually the rights of medical practitioners than Dr. Brewer's provision would have done. On the motion of Lord Colonsay, section 23 was repealed, and hereafter it will therefore be competent for a man to be registered under both the Medical and the Pharmacy Acts. We are glad that all difficulties have now been adjusted, so far as the profession is concerned.

CRUELTY TO LUNATICS.

THE painful case of ill-treatment of a lunatic, which has been discovered in Leicestershire, has come to light rather inconveniently at a time when, on all hands, horror is being so freely expressed at the cruel treatment of Barbara Ubryk, the Cracow nun. An old man of seventy-four years, quite demented, was found chained to the wall in a little room in

a small farmer's house near Loughborough; the poor creature's hands were handcuffed in front of him, and his legs were also fastened by chains. So he remained during the day, and at night he was chained to his bed. Bad as the picture is, it is not quite so sad as that of the Cracow nun, who was found in her cell naked, filthy, and half-starved; for the old man was clean, well-nourished, and in good health. It seems probable, therefore, that the restraint was owing to the ignorant fear of those who had the custody of him, rather than to any deliberate cruelty. A similar spectacle might have been seen in any large asylum at one time. The vulgar horror and dread of insanity render those who are ignorant of its real nature, and of the success of the humane system of treatment, incredibly cruel and brutal in their dealings with it. But there is no reason to doubt that, by the inculcation of the same principles which have revolutionised the management of our asylums, and especially by the organisation of an effectual supervision, the condition of many lunatics in private houses might be rendered as perfectly satisfactory in England as it notoriously has been in some parts of Scotland. But there is not in England any organisation to secure the proper care and supervision of insane persons in private houses; for even when they are duly reported to the Commissioners in Lunacy, they are seen by them but once a year on an average. Such rare visitation is manifestly quite insufficient. The poor old man, released from the chains in which he has lived for more than thirty years, has been sent to the county asylum, where he will receive humane attention until the few remaining years of his sufferings are over. But the lesson of his painful case should not be lost. The care of the insane in private houses will never be satisfactory until, by a properly organised supervision throughout the country, right principles of treatment are systematically inculcated and enforced.

THE CASE OF BARNES V. BARNES AND BEAUMONT.

IT will probably be remembered by many of our readers that about a year ago this case came before the Divorce Court, and that the jury found the respondent and co-respondent (who is surgeon to the Royal Small-arms Factory at Enfield, and medical officer to one of the districts of the Edmonton Union) guilty of adultery. After the trial the co-respondent applied for a new trial, on the ground that the evidence was defective and insufficient to sustain the finding of the jury. The Court considered that the co-respondent had been prejudiced through the fact of the case against him being mixed up with that against the respondent, and a new trial was ordered. On the 17th ult. the judge directed, when the case came on, that, as there was no evidence to be laid before them, they should find for the co-respondent. The jury therefore found that Dr. Beaumont had not been guilty of adultery with Mrs. Barnes. We mention these facts in justice to Dr. Beaumont, who has been terribly injured by the charge laid against him. It must, however, be a great satisfaction to him to have vindicated himself from it.

POOR-LAW MEDICAL SALARIES IN BETHNAL-GREEN.

IF a sense of justice have no place with the Bethnal-green guardians, we hope importunity will have some effect. The district medical officers have made an application for increased salaries; and they state that, although from immigration and other causes the pauper population has enormously increased, the medical duties being augmented in a corresponding degree, the salaries have practically had no increase made to them for eighteen years. We observe with regret that the appointments are annual, and that the chairman suggested that old and faithful servants might be easily replaced by fresh men who would be willing to accept the post on the present terms. The Rev. S. Hansard, rector of Bethnal-green, made the common-sense suggestion that some inquiries ought to be instituted as to salaries elsewhere, particularly as they were paid from the common fund. He would probably be surprised at finding that there are medical men in the metropolis who receive ten times the sum per case paid to the Bethnal-green medical officers. Everyone agreed that some general principle ought to be established, and we would urge the matter upon Mr. Goschen's serious attention. He is the guardian of the common fund; and it is perfectly monstrous that some medical officers should be forced to starve on salaries little better than those of relieving officers, whilst others are paid with great sufficiency, if not profusion. The question was ultimately deferred until the Board shall have the opportunity of seeing how the proposed dispensaries will affect the duties, and the officers were temporarily reappointed until Christmas next.

DR. WILLIS IN JAPAN.

AMONGST the most interesting parliamentary papers are some Reports on Journeys in China and Japan. Dr. Willis, her Majesty's vice-consul at Yeddo, has paid a visit to the Mikado's army, and was able to administer medical advice and assistance to 1600 suffering and wounded Japanese soldiers. He attended personally to the requirements of 600 wounded, and performed 38 operations, varying in magnitude from removal of a finger to amputation at the hip-joint. Of these about one-half recovered. He extracted 23 bullets, and removed dead bone from upwards of 200 patients. He also instructed the native doctors in the treatment of the wounded. He says that the sick are provided with all the ordinary requirements of Japanese, and were well cared for considering the lack of discipline and knowledge amongst the doctors and attendants. Dr. Willis found the enemy's sick much worse off, and he observed that they were often killed. He therefore expressed his regret to the Mikado that he was unable to bear testimony to the clemency of the Japanese Government; the result being that he was subsequently invited by the Prince commanding in chief to proceed to Wakamatru, directly it was taken, to attend the prisoners belonging to the Aidzu clan.

Dr. Willis gives an interesting account of the country he passed through, and in recognition of his services he has received a letter of approval from the Japanese Minister of Foreign Affairs, accompanied by a suitable present.

"RAILWAY SPINE."

THE case of Jelly v. the London and North-Western Railway Company, tried before Mr. Justice Hannen at the recent South Lancashire Assizes, has several points of interest. Mr. Jelly, a commercial traveller, was travelling from London to St. Albans on the 15th February of this year, when the train ran violently into some coal waggons. The shock threw him heavily against the partition of the carriage, his head striking it, and in the rebound which followed his back was also injured. He remained a month at St. Albans, and thereafter was removed on a litter to London, to be under the care of Mr. Erichsen. It should be stated that nine days before this accident the plaintiff had consulted Mr. Erichsen for an affection of the bladder, attributed to a previous accident on the same line in January, 1867. He told Mr. Erichsen, on this occasion, that he had never been the same man since the accident in 1867. The symptoms after the accident in February last were, a frequent spas-

modic cough, a deep sighing respiration, frequent vomiting, and exquisite tenderness of the spine.

Not the least of the interesting points of the case was the severe use of his licence by the counsel for the defendants against Mr. Erichsen for including in his clinical lectures (to students) on railway cases a statement of the damages which had been awarded in cases in which he has given evidence. Though Mr. Davison made full use of his privilege, the case shows how careful medical men, and especially men in eminent positions, should be of importing any statements into the report of a case other than those of a strictly scientific character. Mr. Davison further accused Mr. Erichsen of having invented the phrase "railway spine." Mr. Erichsen rose and said, energetically, that he had always protested against the use of that term. We agree with Mr. Erichsen that the phrase should be discouraged. Shock is shock, whether connected with a railway accident or any other violence. The most powerful medical witness in favour of the defendants was Mr. W. W. Beever, of Manchester; and he had a great advantage over Mr. Erichsen, in this way: The plaintiff, as we have indicated, had sustained a collision before on the defendants' railway, and had £2000 awarded him. The Chief Justice before whom the case was tried thought the damages excessive, and leave was granted for a new trial. But a compromise was made, by which the plaintiff got £1500 and £200 expenses. On this occasion Mr. Beever had very accurately forecast the course of the case. He predicted that the patient would recover in four or five months after the conclusion of the litigation, and be able to return to business. He not only did so, but doubled his income. Mr. Beever further said that on the occasion of the first trial, though the patient, as on this occasion, was brought into court on a litter, in three weeks he (Mr. Beever) met him at the Victoria Station, on crutches indeed, but so much improved that he did not know him. He predicted recovery from the present accident, and considered that chronic inflammation of the spinal cord did not exist. The symptoms, he said, were those of hysteria, and the patient was no more injured than in 1867. Mr. Erichsen, on the contrary, considered there was already partial paralysis of the lower limbs, and that the patient would never completely recover. The shrewd predictions of Mr. Beever weighed much with the judge and jury. A verdict for the plaintiff was given, and £1500 damages. The company before the trial offered £2000. Of course, if we believe the account of the patient given to Mr. Erichsen before the second accident, we cannot give such high praise to Mr. Beever for his predictions. But the moral of this and of most other such cases is, that the sensible view of them, rather than the highly scientific one, is that which commends itself most to reason and justice. The case will diminish the tendency to the creation of a class of railway-accident experts, who are apt to magnify their special experience, to the disparagement of other witnesses and of medical testimony generally. What we want is the collection of a number of such cases, and especially a good account of their after-history. We think it very hard that one man should come to grief twice on the same line; and we do not think the damages awarded at all in excess of the injury done.

MR. NUNNELEY ON CARBOLIC ACID.

WE desire to call attention to the strong expression of opinion by Mr. Nunneley, in his Address in Surgery at Leeds, on the question of the "Antiseptic Treatment of Wounds." An abstract of this address will be found in another column; and it will be seen that Mr. Nunneley altogether denies, on the ground of a comparison between his own practice and that of his colleagues, that there is any such efficacy in the carbolic acid as has been ascribed to it. We must say, however, that, on the septic-germ theory, the success of the treatment would depend entirely upon the precise observance of many precautions; and we fancy that some failures, at least, may be attributed to remissness in this respect. On the other hand, we lately heard it remarked, by a very eminent London surgeon, that any new kind of treatment was frequently attended by improved results, for no other reason than that the patients subjected to it were watched and tended with special care and assiduity. Only experience can determine the actual value of carbolic acid; but Mr. Nunneley has fairly thrown down the gauntlet to those who advocate its use, and we trust that his challenge will not remain unanswered. The British Medical Association is desirous of entering upon the paths of scientific inquiry; and it might, with great advantage, appoint a committee to investigate this important question.

THE HEALTH OF RAMSGATE.

THE inhabitants of Ramsgate are indebted to the public spirit of Mr. Hicks, a surgeon resident in the place, for the correction of a serious error with regard to its sanitary state. It seems that a table has been compiled from the last Quarterly Return of the Registrar-General, purporting to show the rate of mortality in thirty-eight watering-places; and that according to this table the rate at Ramsgate appears to be high. Mr. Hicks explains, however, that the registration district of Ramsgate includes places very different from the town itself; and he has published a return for Ramsgate parish only, which shows the following results: In 1861 the parish contained 2203 occupied houses and 11,865 inhabitants, or 5¼ per house. In 1869 it contains 2821 occupied houses and 15,161 inhabitants, or 5¼ per house. In the quarter ending the 30th of June, 1869, the deaths were 63, showing a rate of mortality of 18·20; and the births during the same quarter were 105. The number of additional houses has been taken from the rate-book; the births and deaths have been obtained from the local registrar.

UNITED STATES NAVY.

THE newly-appointed Surgeon-General, Dr. Wood, has before him the task of rendering his department more popular. During the civil war our profession partook of the enthusiastic sense of duty to serve anywhere, and their navy was fairly supplied with proficient physicians and surgeons, of whom a large proportion served temporarily only, claiming their discharge when the war was at an end. The peace complement of the service of 200 medical officers is now at least one-fourth under its effective standard. This deficiency arises from the dissatisfaction of the profession with the status of the medical officers from the same causes as once existed in our own navy—chiefly "inequality of position, relatively, with army surgeons." We fear that sea-life engenders a disposition in the class of executive officers to treat all other classes as necessary evils, to be kept in order by restrictive regulations, as if striving to assume command in matters purely nautical. Out of this has grown the notion that "rank" and "command" are almost synonymous; and relative rank, with its several advantages, are, on that principle, withheld as long as they can be from non-executive officers. This is very unsatisfactory to medical men, who, in general society, are quite the equals of the dominant class. Our brethren are now boldly asserting their rights, and are endeavouring to bring Congress to the opinion now generally adopted throughout European navies. They ask that as the late war introduced the grade of ad-

miral into their navy, so new grades, equal to our own inspector-general and deputy inspector-general, should be instituted among themselves; and that these new ranks should carry, relatively, increased pay and privileges. As we know the value of those things in public services to give weight to professional representations, we look to the changes as necessary to the welfare of the sick and wounded seamen in every navy; and we entertain no doubt of their ultimate concession by a Republican nation.

The whole matter is ably discussed in a pamphlet by a Medical Officer "On the Principles of Naval Staff Rank," which must lead the opinions of many representatives in Congress towards supporting the status of the profession in their navy; so that the smallness of the permanent medical staff may to some extent be counterbalanced by its great efficiency.

A GRATIFYING TESTIMONIAL.

DR. R. T. C. SCOTT, R.N., having recently vacated the post of staff-surgeon at Sheerness Dockyard, after five years' service, has been presented by the workmen of the establishment with a handsome silver salver and an illuminated address, in token of their regard and esteem for him. The *Sheerness Guardian* of Saturday last devotes four columns to an account of the presentation, which appears to have been quite a public ovation, and must have been all the more gratifying to the recipient from being the spontaneous act of over thirteen hundred artificers, who each contributed his mite. Among the speakers on the occasion in question was Captain Miller, of H.M.S. *Pembroke*; and we are glad to notice the cordiality with which the gallant officer spoke of his old shipmate, and could wish that a similar feeling were more prevalent in the service. Dr. Scott is the senior on the list of staff-surgeons, and has seen much service, having gained the Blane medal for his diary while serving in H.M.S. *Hastings* during the Burmese war. Dr. Scott has, we understand, refused, for private reasons, promotion to the rank of deputy inspector; but that is no reason why he should not receive the honorary rank now upon his retirement.

LIME-JUICE.

A SOMEWHAT important question was asked by Mr. Candlish in the House of Commons on the 5th inst., in connexion with that antiscorbutic, the gist of which was, "Will lime-juice keep without the addition of alcohol?" Those of our readers who are interested in the subject will remember that all juice used in the mercantile marine of this country is now fortified with 15 per cent. of palatable spirit, West India rum being generally employed. This proceeding was adopted by the Board of Trade for two reasons—(1) to preserve the juice, and (2) to induce "Jack" to drink it. And furthermore it may be remarked, that alcohol is indirectly an antiscorbutic. The legislative operations of the Board of Trade in this matter roused to action my Lords of the Admiralty, who, impressed with the fact that lime-juice is better than lemon-juice, are now taking means to provide the former for the navy, to the complete exclusion of the latter. It appears, too, that they propose to go farther than this, and are anxious to prove that there is no necessity for the addition of the spirit. With reference to this last point we take leave to observe that too little evidence exists at present, and that the fact of lime-juice having been sent out to Ascension, and returned in excellent condition, is not of itself a sufficient proof that the article will, under all ordinary circumstances, keep for many months in a perfectly sound state. The addition of spirit may or may not reduce the antiscorbutic properties of the juice, and certainly does so to an infinitesimal extent. It is equally certain that the vast majority of sailors, whether in the royal or mercantile marine, prefer any kind of fluid that has a "groggy" flavour; and until very positive proof of its uselessness is forthcoming, it would be unwise on the part of the Admiralty authorities, and suicidal on the part of the Board of Trade, to depart from the system of fortifying as at present adopted.

VACCINATION.

Two very sensible statements on the subject of vaccination have appeared this week, one in *The Times*, the other in the *Pall Mall Gazette*. The advantage of vaccination, and the wisdom of the law which makes it compulsory, are points too obvious for the demonstration of them to be interesting, though a few fanatical people are doing their best to disparage this operation and to bring back the horrible epidemics of small-pox. There is a point, however, in which we must have a word of difference with one of our contemporaries. In the article in *The Times* great stress is laid upon the advantage of public vaccination, as if vaccination by public vaccinators were safer than by private practitioners. We gravely question the justice and the policy of such statements. When it is considered what an interest the private practitioner has in vaccinating carefully, and how much he is sure to lose in credit and reputation by bad results, it is unreasonable to think that he will not take every pains to use pure lymph. Moreover, is it wise to excite prejudice against private vaccination in the minds of the great bulk of the medical profession by insulting them, as would be done by superseding them in this important operation by public officials? We may be sure that, if people have prejudices against vaccination, they are more likely to be removed by their own private attendant than by public vaccinators.

THE E-TSZE HOSPITAL, HONG KONG.

THIS horrible place was originally built for the purpose of receiving dead bodies, which had been usually exposed upon the hill sides. Dr. Murray supposed it to be a Chinese city of the dead. But under the charge of a Mr. Caldwell, who calls himself an emigration agent, it has been used as an hospital, to which incurable cases have been sent. An inspector of brothels, in making an accidental visit, discovered eight or nine corpses laid out in front of the place, and from subsequent inquiries it was found that as many as 200 persons had been admitted annually, the ratio of mortality being such as to almost exclude the chance of anyone coming out alive. A coffin maker stated that he supplied from one to four coffins every day. Drs. Murray and Cochrane saw the dying and the dead wallowing together in floods of filth, and covered with vermin; they were shut in locked cells without egress. It was difficult to determine whether some of the patients were alive or dead. In one instance, where, according to the keeper's report, the whole mass of corrupting bodies had ceased to live, a living wretch was aroused from his lethargy, and recovered to describe his sufferings and wrongs. There was a complete want of attendance of any kind, of ventilation, of cleanliness, and even of food. We are happy to observe that Lord Granville has officially addressed a letter upon the subject to the governor of Hong Kong.

THE WINTER SESSION.

THE introductory lectures at the opening of the Winter Session, in October, will be delivered as follows:—At University College Hospital, on Monday, the 4th, by Sir Henry Thompson; at Guy's by Dr. Fagge; at King's by Dr. G.

Johnson; at the London Hospital by Dr. Tidy; at St. George's by Dr. Wadham; at St. Thomas's by Dr. W. H. Stone; at Charing-cross by Dr. Silver; at St. Mary's by Dr. Cheadle; at Middlesex by Dr. R. Liveing. St. Bartholomew's proposes to dispense with the usual introductory address to students.

HEALTH-CONDITION OF THE CONTINENT.

DISEASES of the alimentary canal are now prevailing over the whole of Europe, whilst in the greater number of the cities of the Continent the eruptive fevers seem to be on the decrease. During the week from July 25th to 31st, the mortality in Paris amounted to 807, and out of this number 48 cases are put down to diarrhœa, and 5 to cholera. In Lyons, from July 14th to July 28th, 234 patients were admitted into the wards of the Hôtel Dieu; and whilst 62 of these cases appertained to various gastric disorders, only 4 included the eruptive fevers. At Marseilles, numerous cases of cholerine have been observed, many of which have proved rapidly fatal. From July 14th to 25th, the mortality in this latter town had risen to 401, among which number 225 were children. At Rome, an epidemic of dysentery is now raging, and has rapidly increased the rate of mortality. The same disease is also prevalent at Vienna. Gastric disorders, therefore, form the present "medical constitution" of the Continent, varying from simple indigestion and diarrhœa, which is most common, to cholerine and cholera. The most prevalent affection, after those we have named, is typhoid fever. There has been a recurrence of this malady at Naples; Madrid is not yet quite free from its attacks, and we have again to record the names of a few medical men who have swollen the list of victims carried away by this deadly scourge. Typhus and typhoid fever are prevalent at Vienna. In this latter city, 301 deaths had been registered during the week July 22nd to 28th: as usual, a large proportion of deaths (72 cases) must be put down to phthisis. Forty-two deaths had been caused by diarrhœa, and 21 by typhus. With the variations of the weather, an increase of malarial affections has been observed in the chief cities of Sicily.

THE NEW SYDENHAM SOCIETY.

WE are glad to note the satisfactory progress of this Society, as shown by the report of the annual meeting. It must always be a difficult task to select works suited to a large and varied class of readers, and we think the Council is to be congratulated on the general satisfaction it gives. The suggestion to recognise the gratuitous labours of the local honorary secretaries of the Society, by the presentation to the gentlemen filling these offices of the portraits of the several Presidents, is deserving of commendation.

THE STAR OF INDIA.

AMONG the recipients of the honourable decoration of the Companionship of the Star of India we are glad to notice the name of Surgeon-Major J. Arthur, late of the Madras Fusiliers. Dr. Arthur did prominent and efficient service during the Indian Mutiny, and was at that time recommended for the Companionship of the Bath; but having retired from the service, he was found to be disqualified for the intended honour. We are glad that the regulations of the new Order are somewhat less strict, and that Dr. Arthur is thus able to obtain a well-deserved recognition of his services.

NEWCASTLE INFIRMARY.

THE appointment of a physician to the Newcastle Infirmary is still *in nubibus*. A special meeting for the purpose was held the other day, and the discovery was made that they had not the power. Dr. Donkin, one of the candidates, complains that there is a design on the part of the staff of avoiding the appointment of another physician, by suggesting the appointment of two obstetric physicians. It is difficult to understand the doings, much less the designs, of the governing body in this institution. A very well deserved vote of thanks was unanimously passed to Dr. Bolton for his long and valuable services.

THE QUEEN'S HOSPITAL, BIRMINGHAM.

THE Working Men's Fund, organised under the chairmanship of Mr. Sampson Gamgee, to promote the extension of the Queen's Hospital, appears to be making very satisfactory progress. At the first half-yearly meeting of the subscribers, held on the 3rd inst., the report of the Committee showed that, since February 3rd, £846 3s. 8½d. had been received; and that, after paying £138 7s. 4d. for preliminary and current expenses, there was deposited in the bank, in the name of trustees, the handsome sum of £725 6s. 4d.

CONTINENTAL APPOINTMENTS.

THE recent *concours* for the appointment of two surgeons to the Paris hospitals has been followed by the nomination of MM. Lannelongue and Dubreuil. Professor Czermak, who has been called from the University of Jena to that of Leipsic, received a most flattering tribute of admiration from the students and population of Jena on his leaving that city. Professor Salvatore Tommasi has been appointed Dean of the University of Naples for the triennial period 1869 to 1871. Professor Zanobini has definitively taken possession of the chair of Obstetrics at the University of Genoa. Through the recent ministerial changes in Spain, Don Jose Maria Echegaray has been installed in the Department of the Fomento, in the enjoyment of which office his predecessor had accomplished very important changes touching the liberty of teaching, the form and curriculum of the medical schools, &c.

THE Plymouth Town Council have increased the salary of Mr. John N. Stevens, M.R.C.S., medical officer to the borough gaol, from £60 to £65, on account of increased duties.

A THREAT of the Home Secretary that if the Bolton authorities did not commence works for the interception of their sewage within fourteen days, he would send a Commissioner down, has resulted in the immediate submission of plans for the purpose.

THE Council of the Queen's College, Birmingham, at their last session, elected Mr. James F. West to the chair of Anatomy, in conjunction with Mr. C. J. Bracey.

THE Assistance Publique has just benefited by a large bequest of upwards of 550,000 francs, which has been given to it, by the testament of a deceased gentleman, for the express purpose of building a new children's hospital.

DR. W. MAXWELL WOOD has been appointed Chief of the Bureau of Medicine of the United States Navy, his commission bearing date July 1st, 1869. Dr. Wood stands ninth on the seniority list of the service, and has passed nearly thirty-five years in the service of his country.

WE have to record the death of Professor Heyfelder. In our next number we shall publish some details in connexion with the life of this distinguished surgeon of St. Petersburg.

AT a session of the Council of University College, held on the 7th inst., a free medical scholarship was awarded to Mr. T. G. Vawdrey, of St. Austell, on the nomination of the Council of the Royal Medical College, Epsom, for the position gained at the matriculation examination of the University of London. At the same time, Mr. G. V. Poore, M.B., M.S., was elected resident medical officer in University College Hospital.

WE note with perfect horror that in Roumania, where the Jews at the present time are suffering from the most cruel persecution, women in the agonies of childbirth have been dragged away from their couches. In vain did they implore to have only one day's respite granted to them. This is the statement conveyed in a letter to Sir F. H. Goldsmid, in which his aid is sought on behalf of the persecuted. Will such fiendish and outrageous behaviour be tacitly allowed by the European Governments?

THE Society of Surgery of Paris, doubtless stimulated by the agitation which is now being carried on here touching the dangers of large hospitals, has just issued a circular begging the different members of the profession to send in statistics containing the results of their town and country practice, whether civil or nosocomial. Details relating to sex, age, cause of operation, length of convalescence, complications, time and cause of death, are particularly requested.

THE Contagious Diseases Bill, which makes the recommendations of the recent Committee of the House of Commons on the subject law, received the Royal Assent on Wednesday last. We have already given these recommendations in full.

AT a recent meeting of the Lincoln Board of Guardians an attempt was made to get the fee allowed to the medical officer of the home district for certifying in lunacy cases reduced from £1 1s. to 10s. 6d.; but an amendment that the fee should remain as at present was carried by 11 to 4.

REPORT
OF THE
THIRTY-SEVENTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

HELD IN LEEDS, JULY 27TH, 28TH, 29TH, AND 30TH.

THURSDAY, JULY 29TH.—(*Continued.*)

The Midwifery section sat at three o'clock. The following was the business done:—

Sir JAMES SIMPSON exhibited a Cephalotribe, and explained its use.

Dr. J. B. HICKS read a paper "On the Use of the Intra-uterine Douche, after Labour, where offensive lochia exists, as a rule of practice (published in THE LANCET of the 31st ult.).

Dr. WM. SQUIRE read a paper "On the Temperature Variations occasioned by Vaccination, and its Effects on the Health of Infants."

Dr. BARNES read a paper "On the Use of Perchloride of Iron in Uterine Hæmorrhage."

Dr. PROTHEROE SMITH read a paper on "An Aid to Parturition, and to the Treatment of Displacement of the Uterus by a new mechanical appliance," which he exhibited. An abstract was given last week.

This paper concluded the business of the section.

A vote of thanks was passed to the President at the close, on the motion of Dr. SMITH.

Dr. J. Hughes Bennett took the chair in the section of Physiology shortly after three o'clock. There was a very large attendance at the outset to hear an address by

Dr. BROWN-SÉQUARD on "Epilepsy," in the course of which he exhibited some very remarkable experiments made on guinea-pigs and other animals. He showed that epileptic fits could be brought on by injury to the spinal cord; secondly, by injury to the roots of certain nerves; and, thirdly, by injury to the sciatic nerve. A number of fits were induced in live guinea-pigs which Dr. Séquard had brought with him, by pressure of parts in the region of the head. It was arranged that he should resume the subject on Friday.

Papers in this section were also read by the following gentlemen:—

Dr. W. H. BROADBENT on "A Brief Account of a Recent Investigation of the Structure of the Cerebral Hemisphere, with remarks."

Dr. ELLIOT (Carlisle): "Does the adjustment of the eye to vision at different distances depend on temporary changes in the magnifying power of the eye, either by alterations in the form or position of the lens, or other parts in the dioptric system of the eye?" and "Do the movements of the iris, by permitting only the more central and practically parallel rays of the optic cone or pencil of light, to reach the fovea centralis, on the anterior surface of the sensitive layer of rods and bulbs, and by thus affording a sharp and well-defined image of an object, whether near or far off, not perfectly explain the voluntary power of adjusting the eye to the distinct vision of objects at various distances?" Of this an abstract appeared in our impression of July 31st.

Mr. LAWSON TAIT, "On Ideo-muscular Contraction."

The section rose at 5.15 P.M.

The meeting in the section of State Medicine was a special one, for the discussion of the sanitary administration in the United Kingdom, and amongst those present were:—Dr. Acland, member of the Royal Sanitary Commission; Dr. Druitt, President of the Metropolitan Association of Medical Officers of Health; Dr. Rumsey, Cheltenham; Dr. Mapother, Vice-president and Health Officer, Dublin; Dr. King Chambers; Dr. Ballard, Islington, London; Captain Galton, C.B.; Professor Corfield, of University College, London; Dr. Falconer, Bath; Dr. Gibbon, London; the Rev. E. Jackson, Leeds; the Rev. T. R. W. Pearson, Leeds; Mr. John Leigh, Medical Officer of Health for Manchester; Dr. Gairdner, President of Medicine Section, Health Officer of Glasgow; Dr. Waller Lewis, Medical Officer in Chief of the General Post-office; Dr. Dickson, Medical Officer to H.M. Customs; Mr. Robert Barr, Clerk to the Magistrates, Leeds; Dr. Robinson, Leeds; Dr. Latham, Cambridge; Dr. Burdon-Sanderson, London; Dr. Heslop, Birmingham; Dr. Stewart, London; Mr. Brudenell Carter, London; Dr. Hewlett, Bombay; Dr. Bateman, Norwich.

The PRESIDENT (Dr. W. Farr) said there was a very earnest desire, as they would be aware, on the part not only of the medical profession, but of the whole community, that the question of public medicine should be ventilated and understood as much as possible, and the Government had done all it could to carry out that wish by appointing a Royal Commission. That Commission deserved the confidence of those who were wishful to see the sanitary state of the country placed on a different footing. Its members would receive evidence, and would be glad to hear suggestions. Under these circumstances, he would venture to suggest to the Council of the Association that they should request health officers who had great experience in the administration of the law as it now was, to be good enough to meet there, if they could do so conveniently, and hold a sort of free conference, so that they might hear from men who had had experience in the working of the existing Acts, whether they had anything to suggest in the way of improvement. The great object of the Commission was to place the sanitary law of the country on a satisfactory basis, and to secure, by good administrative arrangements, the carrying out of that law. The convention would begin by hearing some papers read which bore upon that subject; and in the first place Dr. Wiltshire, one of the secretaries, would read some apologies which he had received from gentlemen unable to attend.

Dr. WILTSHIRE said he had received letters from Mr. E. Baines, M.P., Dr. Lyon Playfair, M.P., Dr. Brewer, M.P., Dr. Lush, M.P., Dr. Dalrymple, M.P., Mr. Clement, M.P., Dr. Davey, Dr. Letheby, &c. There were many other gentlemen who had sent him similar letters, all expressing the greatest interest in the convention now about to be held; he had also a letter from Dr. Rogers, the President of

the Poor-law Medical Officers' Association, in which he said:—"I should feel obliged if you would communicate to the gentlemen attending the convention, that the Council of the Poor-law Medical Officers' Association will gladly co-operate with them in urging upon the Government the necessity for some stringent enactment in matttters affecting the prevention of sickness amongst the labouring classes."

Dr. BALLARD then read a paper "On the Defects of the Existing Sanitary Laws," and containing suggestions for their amendment. He spoke more especially of the sanitary laws as carried out in the metropolis. He thought that it was highly desirable that all laws having for their object the improvement of public health shall be administered in each district by one body, however it was constituted. Sanitary work was so important that it deserved to be entrusted to a special department of the State—a department of public health. He did not see how the local authorities were to be dispensed with in this matter, seeing that they were the best acquainted with local requirements. The Royal Commission now sitting ought, he thought, to obtain returns, showing to what extent the permissive Sanitary Acts had been adopted throughout the country. In any consideration of the sanitary laws, he thought that there ought to be some central authority to take action in the event of local authority neglecting its duty, or not discharging it efficiently. Every district in England ought to be under the supervision of medical officers of health, whose opinion should guide the local authority in all matters relating to public health. The districts should be formed of not less than 200,000 inhabitants, and the salaries of the officers would not be extravagant at £400 for every 100,000 of population. The medical officer of health ought also to be the factory inspector of the district, and if he was not the registrar of births and deaths he ought to be the superior officer. He might also be the food analyst. He was strongly of opinion that there ought to be a registration of sickness throughout the country, and that might be carried out by the officer of health. The law as to the overcrowding of houses was in a very confused condition, and, in his opinion, it required improvement and consolidation. He especially dwelt on the importance of a constant supply of pure water, and the necessity there was for strict provisions against the adulteration of food. Speaking of contagious diseases, he said that the great fault of our legislation was, that there was nothing systematic about it, and made suggestions which, if adopted, would, he thought, be more effectual in arresting the spread of such diseases.

Mr. DAVID DAVIES (Bristol) then read a paper which set forth his four years' experience as a health officer in Bristol.

Mr. T. J. DYKE (Merthyr Tydvil), medical officer of health, had prepared a paper, which was read by Dr. WILTSHIRE. It was "On the Practical Working of the Sanitary Act of 1866, and the Diseases Prevention Act of 1865." The paper very pithily exposed what the writer spoke of as the circumlocution which had to be encountered before the sanitary laws could be put into force.

Dr. GAIRDNER (Glasgow), who was cheered on rising, said that so far as his experience had gone, he did not think that the Sanitary Act had failed for the want of absolute legal powers, so much as by the want of the desire to apply those powers in many instances, and the want both amongst the public and, he was sorry to say, the medical profession, of the general diffusion of that vital interest in sanitary work which would lead them to co-operate thoroughly with health officers, and to obtain application of the existing powers to particular cases. He did not at that moment know of any one single clause that could be added to the last Sanitary Act obtained for Scotland (1867). If there was anything, it was the suggestion he threw out at the meeting of the Association in Dublin, in connexion with the prevalence of fever in large houses. He thought if it could be made consistent with the English law, that it would be a good thing—not to turn the people out of their houses by law, because that would be a great hardship, and would be very likely to lead to the spread of epidemic disease elsewhere,—but the moment any epidemic was ascertained to have broken out in a tenemented house, he thought it would be a very beneficial regulation to give the medical officer absolute power to stop the reception of any new persons into such a house, to prevent the reception of any new blood, so to speak, and to keep it tenanted by the old blood until it was shown that the epidemic was gone. In the first place, the plan would prevent the spreading of the epidemic; and in the second, it would operate beneficially because, in touching the pocket of the proprietor, it would make him feel that the bringing in of his rents depended upon his keeping his house free from epidemic disease. He had mentioned this to the town clerk of Glasgow, and was met with a lawyer's view of the subject. He said it was "confiscation;" and he (Dr. Gairdner) replied, "It is confiscation, and would be in the interest of the public, and of house proprietors themselves." Taking the law as it stood, he must say that it worked well in Glasgow, where, in the working of the Public Health Acts, he had had the most full and able assistance from his colleagues, the medical officers of health. Altogether, he thought the organisation of the matter there was not bad, but, as everyone knew, a reduction of the death-rate did not appear as yet. His own conviction was that the house accommodation was at the bottom of the whole thing; that until our great towns, and particularly those towns which were great industrial centres, and were therefore subject to the influx from the country of lower-class people, and of young and lusty blood, which came to be greatly deteriorated, and physically degraded by the manifold evils that abound in our great towns,—until that process could be checked or limited, until something was done towards providing suitable house accommodation for those people, and in the way of not allowing them to come to the towns until there was good accommodation for them,—until this could be done, he did not think we should ever improve the sanitary condition of our large towns to any extent. For consider what was going on throughout the country at large. Every individual landed proprietor, every person who had influence, set his face against allowing the poor and degraded classes to settle upon his land. But the towns were open to them, and to the towns they flocked, because they had an idea that labour was plentiful there. Labour was plentiful there at times, and this system of immigration was all very well when hands were wanted, and trade brisk; and it was then that colony after colony of people were sent to our towns, colonies of young people especially, who married, and came to have to bring up families. But after a while round went the wheel in another direction, in the direction of adversity, and these people, pinched to the utmost possible degree, crowded into the lowest dens they could find. As long, then, as we had these dens we should have the wild beasts. Until we made these dens impossible, he believed the state of our towns would become worse, because we were thereby deteriorating blood, and making each generation worse than the generation which preceded it. There was no doubt, in a physical sense, whatever was to be said about it in a moral sense, that the more we allowed house accommodation to be small, the worse would grow the degradation of our people. He had the authority of the chief superintendent of the police in Glasgow for saying that never in his experience were drunkenness and physical degradation anything like so bad as they were now. This was beyond the control of the present Sanitary Acts, and if the convention could do anything towards dealing with that evil, it would be perhaps the best direction in which they could act.

Dr. NANKIVELL (Torquay) spoke in favour of the appointment of some central authority to enforce the Sanitary Acts.

Mr. LEIGH (Manchester) said that one of the great causes of disease in manufacturing towns was the impurity of the atmosphere, arising in a great measure from open cesspools, privies, and sewers. It was said that the introduction of waterclosets would do much in the way of a remedy; but there were many towns in which they would not be introduced for years, and it would be unwise to allow these towns in the meantime to remain without anything being done in the way of improvement. The best mode of ventilating sewers was a very important question, and was perhaps not so easily settled as the question of house and yard drains, the emanations from which were easily preventable; but altogether the subject was one deserving careful consideration. Then there was a large amount of mortality amongst the very young, a great portion of which was due to causes which were no doubt removable. He should like to see an Act of Parliament prohibiting women from going to employment within six or

eight weeks after confinement. It was a common thing in Manchester for mothers to go out to work six or seven days after childbirth, and the consequence was that the children, in sadly too many cases, died from the want of proper nourishment from their mothers. He entirely concurred in the observations of Dr. Gairdner upon the condition of houses inhabited by the lower classes. But the dwellings were there, and they must do what they could to improve them.

Dr. ACLAND rose amid applause, and said, that as he understood this question, everyone who, like himself, was called upon to consider what practical laws were now requisite for carrying out the sanitary needs of an increasing population, must really ascertain the wishes of those who had had practical experience of administration of existing laws. And if he could say anything which he thought could be of real service to a body of practical and experienced men like those present, it would be this—that having just now heard the remarkable statement of Dr. Gairdner, they really should very seriously consider what questions they could bring forward on points of law which had to be remedied. Dr. Gairdner was certainly one of the most energetic sanitary officers living, and he certainly had one of the most important and difficult towns to manage that existed on the face of the earth, and yet he had just told them that he was really at a loss to name any one particular in which the Acts required alteration. Now he confessed he did not agree with this; and if Dr. Gairdner was inclined to have a discussion on the point, he thought (not that he was lawyer-like) he would very soon convince him that, whether it was very necessary or not to alter the laws, it was not at all difficult to improve them very much. But he did agree with Dr. Gairdner so far as this, that the main difficulty was not in the power, but in the question of how to apply that power. There were many powers, but there were so many ways of applying them that many persons who brought their minds seriously to that subject could not find in what way the powers were to be resorted to. There was a great deal of inspection going on in the country, but this inspection was so disjointed that the machinery went on by what engineers very properly called an eccentric motion. They never knew where it was. He thought he might presume to say this much, that no skilled officer—no person having practical knowledge of the matter—who would be at the trouble to describe to the Chairman of the Sanitary Commission any points in which he knew the law broke down but would be entitled to the gratitude of the country. It was just now said by one of the speakers that no improvements of a sanitary kind could be made without hurting somebody; and unless they knew the real facts, it was very difficult in examining to get at the real state of the case. What the Sanitary Commission required was knowledge on these points; and he would answer for this, that such was the earnestness of Sir C. P. Adderley, who had undertaken the onerous task of being the Chairman of the Commission, that he would hear no real flaw pointed out without endeavouring to remedy it. There was only one other thing which he would like to say, and he would say it for a reason which he was sure their Chairman would appreciate: that Association, in conjunction with the Social Science Association, had earnestly sought the appointment of this Commission, and it happened to fall to his share, being by accident their President at the time, to be called upon it, and being called upon, he felt it a duty to that Association to serve. The duty of the Commission was to endeavour to point out the defects in the present sanitary laws; and, having done this, the practical men of the House of Commons would perceive what would tell in that House, and what could be got to pass through the Legislature. It would, however, be useless in them to attempt too much. What he would advise those who were present, and others, to do would be, to deluge the Chairman of the Commission with all the real remediable flaws they could detect, and the President of that section especially, and those who had acted with him for so many years. He would only add that in a very short time the evidence which had been accumulating would be made public, and he hoped it would elicit full and free criticism. The speaker concluded by stating that what would shortly be issued would prove most interesting, and he hoped it would do much towards bringing to a successful issue the great object which so many in that room were labouring to see accomplished.

Dr. RUMSEY (Cheltenham) said, with regard to the first point of sanitary reform, viz.—the constitution of proper central authorities, he would not presume now to offer any suggestions. He thought that at a meeting of health officers—at least, at a meeting such as that, which was so largely composed of health officers—their most important, because their most profitable, duty was, to consider what would answer best with regard to local administration and local duties; and therefore, while recognising in the fullest manner the importance of having a certain central authority, which would combine to a certain extent several departments which now influenced sanitary action in the country, he might come at once to say that what they had to consider principally that day was, what should be done locally. He questioned whether in the provinces one kind of authority would answer all sanitary purposes. Thus, one kind of authority would be needed for a small district, another for a medium-sized district, and a third for a large district. He assented to Dr. Ballard's suggestions as to the duties of medical officers of health, but thought a population of 200,000 would in the provinces form too large a district. He suggested the taking of the present registration districts as the units from which should be formed districts to occupy the whole time and attention of a skilled sanitary officer. As to the duties of such an officer, they ought, in his opinion, to be limited to inquiry, investigation, report, and the publication of the result of his investigations. He should be unwilling at present to give the medical officer any great discretionary powers; he would rather give greater powers of compulsion to the magistrates. Then he would not give to the medical officer any peddling sanitary duties, such as going into a fish-shop and smelling stinking fish. Those duties could be discharged by the nuisance-inspector—they could generally be well performed by the police. He believed that Dr. Gairdner, in his statement as to the law, was referring to the Scotch law, while Dr. Acland in his criticism referred to the English law. As to the subject of dwelling accommodation on which Professor Gairdner had spoken in such powerful terms, it was a vital national evil, which would have to be dealt with by county or central government authorities, and not by local boards. He looked for improvement in the sanitary condition of the people rather to well-constituted local authorities than to minute laws, and he did not think Parliament would be unwilling to grant a better constitution for local authorities.

Dr. SYSON (Salford) agreed with Professor Gairdner's opening remarks, even when applied to English sanitary laws. In Salford he found that they had abundant powers, but it was difficult to enforce even a magistrate's order. They had diminished the smoke nuisance by two-thirds; but a matter which needed attention as a cause of mortality was the doctoring of children by chemists. He ventured to say that at least 50 per cent. of the children who died in Salford were doctored and "polished off" by the chemists. He considered that while the sanitary laws did not need much improvement, they ought to be consolidated. Another great source of the mortality in the towns was the deficiency of drainage. There was scarcely a large town in the country that was well sewered, and he knew one large town that was drained with unsocketed pipes. He emphatically stated that health officers could not shut their eyes to the fact that a large proportion of the mortality among the people was due to their drinking habits. The health of many children, too, was undermined by hereditary syphilis.

Mr. DAVIES, M.R.C.S. (Swansea), spoke briefly on the evils of overcrowding in towns, and contended that the contamination of water, quite as much as impurity of atmosphere, was a frightful source of disease.

The PRESIDENT, in closing the discussion, said he was happy to be able to say that all the expectations of those who were interested in calling the convention had been realised. The British Medical Association had, he thought, some reason to be proud of the impetus it had given to the Sanitary Acts, and he trusted that the Commission which had been appointed would be successful in giving to England an improvement on the Scottish law. The Scotch had profited by English blunders in these matters, but he felt persuaded that what had taken place at the convention, and what would be obtained in evidence, would induce the Commission to make a great effort to improve the sanitary condition of the country.

Dr. BATEMAN (Norwich) read a paper with reference to medical men being compelled to divulge in courts of justice

facts of a criminal nature which might have become known to them in answer to strictly professional questions.

A second paper by Dr. BALLARD, on the evils arising from the present mode of taking medical and scientific evidence in courts of justice, was taken as read. The author dwelt upon the various causes which occasion an apparent or a real conflict between the scientific witnesses for the plaintiff and the defendant in a court of law; and suggested as a remedy that, without interfering in any way with the right of either party in a suit or judicial inquiry to produce all the testimony they may think fit, there should be a scientific expert employed in every case in which scientific evidence was brought forward, as a sworn assessor for the assistance of the Court. Such an assessor should not only be charged with the duty of reporting upon the value of the scientific evidence adduced on both sides; but he should also be empowered to institute such additional inquiries as may seem to him to be necessary or expedient.

The meeting then adjourned, and at six o'clock the public dinner of the Association was held in the Town Hall. To this dinner we may, we believe, apply the homely proverb that "least said, soonest mended." A correspondent, after doing full justice to the bounteousness of the private hospitality of Leeds, refers to the public dinner in the following terms:—

"Such ceremonials are seldom productive of any of the higher forms of enjoyment; but this particular dinner, either from the fault of the Committee of Management, or of the caterer, or of both, was productive only of misery. The company, to the number of 250, assembled in an upper chamber of the Town Hall, and then an official presented himself at the door, and called out the names of about fifty persons, one by one. When the call thus made was responded to, the favoured individual passed out of the room, and descended the great staircase, possibly in solitary state, possibly marshaled by attendants, to take his place at the board below. When this process had been in operation for half an hour, the residuum was suddenly appealed to as "Gentlemen, all;" and, thus summoned, streamed tumultuously towards the expected feast. We found a table fairly spread, and a prettily printed *menu*, in all the glories of gold and colour, containing the names of the same dishes that had been set before the Mayor's guests twenty-four hours previously. Soup was actually served, and was followed by some small portions of salmon. After vainly demanding the usual accessories, we ate our salmon with the addition of salt only, and then a period of expectation followed. Distant sounds seemed to intimate that the people at the upper table were dining. The waiters gathered into little groups, and surveyed us with curiosity and interest, not unmingled with some show of compassion. The energy of a few would-be diners, however, brought this stage of the proceedings to a premature termination, and the compassionate spectators dispersed in quest of food. They at last brought cooked—or partially cooked—fragments of various kinds, in no particular order; and, being most of us hungry, we did our best to eat them. A piece of sweetbread, "too big to swallow, and too hard to bite," a bone from the leg of an underdone gosling, and a spoonful of greenish-yellow pellets, of great hardness and nauseous flavour, but called by the attendant "peas," successively defied my best attempts in this direction. My opposite neighbour solaced himself with grapes, and a gentleman in the vicinity had secured a red jelly, of firm consistence, that suggested cochineal to the sight, and hoofs to the remained senses. Whilst thus occupied, we were called upon for "Silence for Grace;" and immediately afterwards an attempt was made to collect the tickets. One far-seeing and courageous individual, however, denounced the whole thing as a swindle, and refused to surrender his ticket till he had dined. His bold policy received its reward; and, while others were dismally regarding him, and while toasts were being drunk and acknowledged, he dined. Waiters surrounded him, and good things in regular succession fell to his share. His ice pudding, indeed, had become warm and fluid, but he received cream cheese. His well-merited good fortune was not witnessed quite without murmuring; and through this murmuring it befell, while some one was returning thanks for the health of the volunteers, that a waiter presented me with a huge plateful of sweet omelet. It is only fair to complete the picture by saying that the wine was abundant, and fairly good."

FRIDAY, JULY 30TH.

At 10 o'clock the members assembled in the Philosophical Hall to hear the Address in Surgery by Mr. NUNNELEY, who, after some introductory remarks upon the labours of those who had preceded him, and on the bearing of abstract science on the practical improvement of the healing art, went on to speak of the more immediate bearing of good surgery upon the comfort and well-being of the public. He dwelt first upon the advances in accuracy of diagnosis that have been gained by the employment of new and improved instruments of research, such as the stethoscope, the microscope, the ophthalmoscope, the laryngoscope, the endoscope, the sphygmograph, and the thermometer; and then passed on to glance at the pathology of thrombosis and embolism, of pyæmia, and of dropsy, in the latter case with special reference to the difference between ovarian tumours and ascites, and the successful removal of the former by operative means. He next proceeded to notice some of the diseases in which modern surgery has gained its most conspicuous triumphs. In reference to stricture of the urethra, he bestowed a well-merited eulogium upon Mr. Barnard Holt, whose statements he fully endorsed from the results of his own experience. In reference to ophthalmic surgery he spoke somewhat in the tone of a spectator of, rather than an actor in, the present condition of this branch of the art, but still expressed, in weighty and well-considered words, the importance of a more patient investigation of ophthalmoscopic appearances than is always given. The operations for recto-vaginal and vesico-vaginal fistula, and the modern improvements in lithotrity, were next adverted to; and then the speaker came to deal with a procedure in which much has been due to his own skill and courage—the removal of the entire tongue. Plastic operations next received their share of attention; and then fractures of the spine, and the question of trephining the vertebræ, were dealt with at some length. Diseases of the joints, and the present state of knowledge with regard to their excision, were next discussed. So far the address was little more than a counting up of gains; but in the next matter handled, the mode of arresting bleeding from a wounded artery, Mr. Nunneley was called upon to enter on debatable ground. Briefly we may say that he fully admitted the occasional, or even the frequent efficacy of torsion and of acupressure, but that he thought these modes wanting in the full security which the surgeon should strive to obtain. The application of movable forceps he believed to be unobjectionable, and in his own hands it had been always successful. He expressed an intention, in the first suitable case of aneurism that fell under his notice, of endeavouring to arrest the circulation by the temporary application of forceps to the exposed arterial trunk. The next and last subject noticed was, however, that which will attract the most notice in the present day, the so-called "Antiseptic Treatment of Wounds." He entered, with much care and fulness, into the "organic germ" theory, and into the doctrines and researches of Pasteur and his followers, and gave at some length his own reasons for disbelieving the conclusions to which these doctrines lead. He denounced, as *idola theatri*, the beliefs that carbolic acid is a specific against purulent infection, and that it acts by destroying septic germs; and after pointing out some of the clinical objections that the advocates of the treatment should be prepared to overcome, he brought the Address to a conclusion by the following practical illustration of the grounds of his opinions:—That wounds, whether simply incised or lacerated and contused, often do well when dressed with carbolic acid, is perfectly true; but that they do better than wounds differently treated, I deny. It is useless to bring forward cases, and compare them with other cases, where the circumstances are altogether different. In private practice, as well as in large hospitals, especially in the latter, circumstances so vary, that to decide by a name alone is worse than useless. Every surgeon knows that, besides the individual varieties of age, constitution, condition, habits of life, the mode of receiving the injury or disease, there is a general law affecting all. At one time all his operations do well; he hardly loses a case, whatever the operation may be; and at the same time all wounds heal quickly and well, without suppuration; or, if pus does form, it is limited, and is laudable: while, at another time, precisely similar cases do as badly, so that even very trivial wounds and operations are

followed by death. In our infirmary, a reference to the records of operations will show this difference in a striking manner; and everybody also knows quite well that at such times certain erysipeloid diseases are prevalent in the district, and that patients without wounds will fall into a bad condition, and not unfrequently exhibit similar constitutional symptoms. There are undoubtedly phases of unhealthy atmospheric (or, I would rather suppose, telluric) influences, which, in spite of every known hygienic precaution, will make their influence most grievously felt. Hospitals have not unfrequently had to be wholly or in part temporarily closed from this cause. Therefore, to get a fair comparison of the results of any particular treatment, the same class of cases should be treated at the same time and place. This I have carried out. During the last three years, since "the antiseptic treatment" has been in vogue, I have not allowed one of my patients to be treated with carbolic acid; while my colleagues have very extensively employed it, and I may say, at least at one time, possessing the full amount of faith necessary for securing success, fairly tried it. The result is, that my cases without it are as good as theirs with it. They have had some capital cases with it; but I am confident I am not in the least overstating facts when I declare that for every successful case with it I can show one as good without it. This I consider to be a fair comparison, as the class of cases and other circumstances have been identical. Had I during this time found their success with the antiseptic treatment was greater than mine without it, I gladly should have availed myself of it; but I did not. On the other hand, as an additional proof that it has not been so, it may be mentioned that lately the omission of it, even in large operations, has been more and more frequent, until now its employment has become the exception, instead of the rule; which, had any marked benefit resulted from its use, most certainly would not have happened. Had carefully covering the cut surfaces with carbolic acid yielded great benefit, we should not have witnessed many large stumps left entirely exposed to the air, without any covering whatever upon them. That the two plans are wide as the poles asunder, is obvious to every one. If freely exposed stumps heal up readily and well, it must be at once apparent that those which do so when most elaborately swathed in carbolised wrappings, do so rather in spite of, than as a consequence of, them. One word more, and I have done. I have spoken plainly on the antiseptic treatment, because I have felt decidedly. Let me, however, not be misunderstood. I have no other object in view than the advance of our profession. I willingly pay deference to, and acknowledge with thanks as warm and as cordial as those who have believed and adopted the antiseptic treatment, what good has been done, and I trust will still be done, by some of those who have been the most decided advocates of the method. To them I would say, in the words which Shakespeare puts into the mouth of Brutus, when speaking in the Capitol to the Roman people over the dead body of Cæsar, "If there be any in this assembly, any dear friend of Cæsar's, to him I say that Brutus's love to Cæsar was no less than his. If then that friend demand why Brutus rose against Cæsar, this is my answer: Not that I loved Cæsar less, but that I loved Rome more." So would I say, not that I value their works and labours less, but that I value surgical science more. When I believe doctrines and practice to be true, I venture to acknowledge their value; but when I am convinced that they are wrong and injurious, I presume to say so.

The sections met at 11 o'clock; but our space will only permit us to mention the proceedings of the State Medicine section, in which, after the reading of papers on kindred subjects, the debate on Captain Galton's address was practically resumed.

Dr. EVORY KENNEDY (of Dublin) read a paper "On Zymotic Disease and Hospitalism, especially as illustrated by Puerperal Fever," in which he contended that puerperal fever was contagious, and denounced large lying-in hospitals as provocative of great mortality among parturient women, while he urged that the advantages offered by lying-in hospitals as places of skilled treatment, and schools of instruction might be preserved by receiving the cases in isolated buildings. He quoted statistics to show that the mortality from puerperal fever was much greater inside than outside the hospitals, and illustrated the propositions he advanced by elaborate tables and diagrams, bearing on the mortality in the Dublin Lying-in Hospital. This hospital, he said, was now in a permanently unhealthy condition, being saturated with the contagion of puerperal fever. Notwithstanding, it was one of the least fatal in Europe, and Dr. Kennedy quoted statistics, showing that in the lying-in hospitals of Russia and France the rate of mortality was far higher than in Dublin. He then gave a number of figures as to the fatality in cottage hospitals in smaller towns of Ireland—Newry, Waterford, and Limerick,—where the course adopted was only to have one or two cases in a ward, and the statistics showed a very low rate of mortality.

Dr. WILTSHIRE, for Mr. HOLMES COOTE, read a paper "On Hospitalism." The author stated that since the communication of Sir James Simpson on "Hospitalism," large hospitals were on their trial. He denied, however, that statistics could be safely used without reference to the nature of the cases, and related many facts to show that in St. Bartholomew's Hospital the death-rate after operations of the first magnitude was 1 in 5, instead of 2½. Eighteen cases of lithotomy had been performed without a single accident. In any well formed hospital, wounds would unite by first intention, if left quiet; and Mr. Coote strongly deprecated the indiscriminate use of chloride of zinc or of carbolic acid to get rid of septic material. Mr. Coote avowed his disbelief in the common views of the absorption of pus and of pyæmia, considering that blood-poisoning occurs almost invariably by the lungs. Mr. Coote then proceeded to offer remarks on the construction of hospitals, and tried to show how numerous small detached buildings, scattered over a large area, was a scheme involving much trouble and a vast amount of expense. He considered that an hospital fit for a crowded city should be on the plan of a square—four detached buildings, enclosing a sufficient area. He read a letter from Sir W. Fergusson confirming his opinion that the results of operations in a well-formed hospital and in private practice were not dissimilar.

Dr. STEWART (London), for Mr. J. BIRKETT, F.R.C.S., read a paper "On the Causes of Death after Amputation of the Limbs in Hospitals." After a careful examination of all the cases which had been under the author's supervision, 169 in all, and of which about one-third proved fatal, he showed the proportion killed by the injury; the proportion whose death was brought about in consequence of chronic disease of vital internal organs, demonstrated after death; and the proportion in which death was attributable to diseased states of their tissues and internal organs, as evidenced by their constitutional nutrition.

Sir JAMES SIMPSON, who was received with cheers, said he thought the remarks made in reference to his pamphlet must have been from want of observation of what had come out in practice. What he (Sir James) had published in his pamphlet were not facts collected by him, but signed by Mr. Willett and countersigned by him; and so with regard to the other hospitals, he would remark that there must be some general law pervading the system, if, out of every hospital in Great Britain containing 300 beds and upwards, one in every two-and-a-half patients died who were subjected to limb amputation. His friend Mr. Holmes Coote had said there was no use troubling themselves about the forearm. He did not know what the matter was to come to. It had come to this—that collected statistics in the country proved that of the men subjected to amputation of the forearm, one in 100 or 180 died; but of those sent to the Glasgow and Edinburgh Hospitals one in six died. This was a tremendous difference, and one not to be accounted for by any sophistical reasoning. Mr. Coote had tried to blind them to the whole inquiry, by introducing an irrelevant question—viz., that of the operations performed for lithotomy not one had died. He held this up as a complete answer to the animadversions made on the death-rate in St. Bartholomew's Hospital. But Mr. Coote had concealed this fact—that according to Mr. Willett there were in 1864 nine men operated on for lithotomy, and of that number four had died. He understood from Mr. Callender's paper that that gentleman objected to Mr. Coote showing that their operations were not so terrible in their results as he (Sir James) or Mr. Willett had published. He (Sir James) did not know the other surgeons in St. Bartholomew's Hospital, but if those gentlemen were as unfortunate in the results of their operations how frightfully unfortunate they must be. He had the same complaint to utter against Dr. Macleod, who told them that fifty amputations at the ankle-

joint had been performed in Glasgow Hospital. Of the cases of amputation of the leg performed, however, one in three died. Let them select the case which he had taken—namely, limb amputation, and don't let them mix up with such operations little petty amputations, as Mr. Coote had done, when he referred to one case of catarrh, and so on. They were not in the least degree to be compared. Mr. Coote had, in his paper, gone upon the old plan of trying to avoid a conclusion, by saying after death, "Look at the condition of the patients—they have got this, that, and the other disease." Those gentlemen who amputated in the country—men like old Dr. Ewar, from whose letters he had read on the preceding day—would not send a case to the hospital; they knew how deadly it was, and that they could perform an operation quite well at home. A gentleman in the great city of Marseilles required to be operated upon for cancer, but in that city there was not one who had ever ventured on such a terrible operation before. Our country surgeons could now do that as well as, if not better than, our city hospital practitioners. They were not to be diverted from their inquiry of the fact—in how many cases of amputation of the leg or arm do the patients die in London from hospital diseases? He knew it was the same in Edinburgh and elsewhere. In a French book upon mortality that came out some time ago, it was stated that only one in every 230 died in home and dispensary practice; whereas, if they came to hospitals, they would find that over the whole length and breadth of Europe, instead of only one in 230, one in 29 died in the hospitals in childbed. But what would they think of him if he were to answer that fact by saying, "You are utterly mistaken; some of these died of convulsions, some of embolism; here and there some suffered from other complications of heart-disease, enlargement of the peritoneum and the ovary, and so forth." Those gentlemen would have them believe that their patients did not die from amputation. They were not, however, thus to have their eyes closed to the general fact, by such improper reasoning upon the causes of mortality. If they did use such arguments, they should do so by analysis in the country; and they would find such to bear out all he had said in regard to the comparative safety of limb amputations in the country, compared with similar amputations performed in the town. Upon the continent of Europe, particularly in Prussia, an inquiry had just been made, and resulted in the present reform and revolution going on with respect to hospitals. What did that inquiry proceed from? After the battle of Sadowa the sick and wounded of the Prussian army were sent, some to palatial hospitals, and others to tents and huts made of wood, as the necessities of the situation required. It was when the enormity of the difference between the results of the treatment of the wounded in the tents and huts, compared with the results of their treatment in the great palatial hospitals of Germany, became apparent that the German surgeons came to see that hospitals upon a large scale were wrong; and they were thus at the present day far in advance of us in the movement for making small hospitals. A table which he had had put into his hands was intended to prove that the country patient bore the operation in general better than the town man; and it likewise showed this, that there was such an enormous difference between the deaths in the town hospitals and the deaths in the country, a difference of twenty per cent., that there were grave reasons for sending every patient back to the country to be operated upon because they would be far better off there. The mortality amongst London people, if this were true, must be perfectly hideous. Against what Dr. Stewart had said in the statement he gave, he (Sir James) mentioned on the previous day that he believed there were sufficient statistics to prove this great general fact, that hospitals, so far as they could judge of their healthiness by surgical and limb amputations, taken as a test of surgery, were fatal in proportion to their size: the deaths in the largest and worst hospitals being one in two and a half; while in the country and provincial hospitals they were one in four, or one in five and a half. It had been said that the cottage hospitals of England were a farce, compared with the great London hospitals. When they were further informed, however, that the mortality in the cottage hospitals was one in seven, while in the London hospitals it was one in two and a half, he did not think that was a farce; but it was a terrible reality, and one that ought to awaken them to some movement in the whole matter. If he had had time on the previous day he would have explained that the wards of an hospital were the units of an hospital, and he did not know yet whether the large wards should not be given up. Dr. Brown-Séquard had told him that when the Necker hospital in Paris was first instituted, and filled with patients, the death-rate was something wonderful. In the Parisian hospitals the death-rate was frightful. In the London hospitals one in two and a half died, but in the Parisian hospitals one died in every one and a half—three out of every five men operated upon! But there was an exception in this case, and it was so striking that the late Professor Trousseau, who was interested in these statistical inquiries, published a letter in one of the French papers showing how infinitely superior the Necker hospital was to any other, and suggesting whether it was not owing to the simple fact, that instead of having wards consisting of ten, twenty, or thirty beds, as it was an old monastic institution, the rooms only held one, and sometimes two beds. Some time after, all these rooms were let into one ward, and in a year the Necker hospital was as deadly as any other hospital in Paris. They saw, therefore, the cottage hospitals, being nothing but houses, containing one or two patients in each room, and the operations on poor colliers, whose systems were just as diseased with drink, &c., as any London constitutions, proving successful. According to Dr. Stewart, London life was better than life in any other part of this great country—it was the healthiest of all kinds of life, and yet it was the most unhealthy for amputation. If he said these people came from the worst part of the town, he (Sir James) replied it was so in every hospital. The hospital patients came from the poorest districts, so that the argument was as broad as it was long. London had been held up as a perfect paragon in regard to health. The general mortality was much better than that of Glasgow, and yet the mortality in Glasgow, in the hospital department, is better than any large hospital—it stands at the very head. The speaker concluded by stating that the cause of what he had pointed out made him rather hopeless that the evils of hospitalism could be cured by any such agents as carbolic acid, and others that had been referred to, seeing that hospitals had been getting worse instead of better.

Dr. ANSTIE contended that the case set forth by Sir James Simpson and others was not a general, but a special case, dealing with only one class of operations, and that it would be a great mistake to cry down hospitals generally on such grounds. He maintained that the class of severe surgical operations, with the class of typhus patients, and the class of lying-in cases, ought to be regarded as special classes, and not as proper tests of the general healthiness of hospitals.

Dr. K. CHAMBERS agreed with Mr. Coote that the term "hospitalism," as applied to a certain class of diseases which had been referred to, was unfair and a foolish calling of names; because similar symptoms were often manifested in private patients. But he did not agree with Mr. Coote in ignoring the effects of hospital atmosphere as exhibited by the statistics that had been quoted. He regarded it as an established fact that, at least for many years to come, there must be large hospitals; and the great object ought to be so to construct those hospitals as to avoid anything which could conduce to the creation of the so-called "hospitalism," which, he believed, was created to a great extent by the exhalations from fetid pus. He was glad to find in Captain Galton's paper a few remarks about æsthetic hospitals. The fact was, it was almost impossible to get an architect to think otherwise than that he should construct a building as if it were to last for ever. Captain Galton objected to ornament in hospitals, and he agreed with him. He had the honour of belonging to an hospital in London which was, in one respect, perfectly unique. It was the ugliest building in the metropolis—(laughter),—and that had been always a great satisfaction to him. He felt that it was appropriately ugly, as all hospitals should be that were associated with a condition of the human race that was passing away. Every time he entered it, it was a great satisfaction to him to feel that his successors would not have the slightest objection to pull it down. His opinion was that every hospital should have a temporary look—should be so constructed that it might be pulled down and rebuilt from time to time; and he applied this opinion with especial force to lying-in hospitals.

Dr. GAIRDNER would not deliver any opinion on the statistical and surgical part of the question, further than that he believed Sir J. Simpson had struck a vein of very valuable ore in the question by his statistics. He (Dr. Gairdner) had been compelled to pay great attention to the subject for a long time, in his capacity as an hospital physician, and his opinion, which had been growing for years, was that hospitals, and wards in hospitals, ought to be restricted in size. An hospital seemed to him to be, owing to the deficient home-conditions of the poor, a necessary evil. The problem for the architect, therefore, was to reduce the evils of large hospitals to a minimum. In constructing a fever hospital for 120 patients at Glasgow, he had it built on the pavilion system, of one story, in detached pavilions, and each of them split into compartments. The rate of mortality in that hospital was low. His opinion was that in erecting an hospital, 300 beds ought to be the maximum, though he supposed in large towns, an hospital of less size could not be well constructed to be economically and well administered.

Dr. ACLAND was of opinion that with our great population we must have great hospitals. Practically they must have great, though he would not have ornamented, buildings. He had never heard the medical profession say that they wished to have a room which should contain thirty beds. He had only heard that argument used as an administrative question. He denied that there was any misunderstanding or cause for misapprehension on this question amongst the members of the medical profession themselves. There had been growing up an idea that the pavilion plan was the only model on which an hospital was to be built. He had felt, ever since the question of cottage hospitals was raised, that they would become an institution and a necessity in the country, so much so, indeed, that he took pains, some three or four years ago, to consider what was the most practicable cottage hospital. He felt it a rather difficult question to settle—which was the best and the cheapest way to build a cottage hospital with five or six beds. He saw that there was a great improvement in our country practitioners. The country practitioner was, upon the whole, a different person, speaking generally, from what he was fifty years ago. There were young students growing up, twenty-five years younger than themselves, that were as skilled and experienced as their best London physicians; and they would have small hospitals. Supposing, however, that they had a number of cottage hospitals, would any great and experienced metropolitan surgeon—and amongst them he reckoned Mr. Teale, for he said a man was essentially a metropolitan surgeon who had practised in such a town as Leeds—would he tell them that he had the slightest expectation that all the evils he deplored would then be removed? They had to thank Captain Galton for showing them how to build large hospitals, which they required to have. Great hospitals were built in the best manner where they were wanted; and small hospitals must be managed and constructed where large hospitals cannot be had. He hoped that his words would show that there was no dispute amongst medical men themselves on this point, but that they had to ascertain the best principles for the management of great hospitals; and so far from attempting the destruction of the large edifices, they must, in addition to them, when they were necessary, erect smaller institutions.

Mr. T. P. TEALE (Leeds) thought he should not allow the occasion to pass by without entering a protest against the manner in which the statistics of Sir James Simpson had been used. His great objection to them was that they went forth to the world carrying the impression that Sir James Simpson had stated that the deaths in London hospitals were altogether so much greater than in the country, and the public would suppose that he referred to deaths generally; and it was desirable that no such false impression should prevail. Then with regard to the amputation test, there were various important considerations. First of all there was the relative state of health of the persons operated upon; healthy labourers, for instance, would be free from the diseases from which their brethren suffered to a great extent in large towns, such as disease of the heart and of the kidneys. In the second place, it was to be regretted that Sir James Simpson had grouped in one mass amputations of the arm and the forearm with amputations of the leg and thigh.

Sir JAMES SIMPSON replied that he had separated them every one, and that in a pamphlet which he had issued he had given statistics as to amputations of the thigh and leg, and arm and forearm, from different hospitals. Mr. Teale had brought forward an argument that had already been put to him against his statistics, saying, "Ah! but in what state of health were the people at the time amputation was performed? were not some of them in too deplorable a condition to recover?" Now mark this: he had collected above 2000 cases of amputations in hospitals, and 2000 in private practice, and more than one-half in the hospitals, and considerably more in private practice, were performed upon patients who a few hours before were in a state of ordinary health; because these were primary amputations, the results of accidents. Well, the results in the country were infinitely more successful than those in hospital practice. The deaths from amputation of the forearm were 30 per cent. greater in the hospital than in the country practice, and he was convinced that this would be found equally true with regard to various diseases. As to what should be done, he had obtained the opinion of an eminent architect, that village hospitals might be built at no greater cost than palatial ones, and, with proper care, on very little more site.

Dr. CLIFFORD ALLBUTT (Leeds), referring to the atmosphere of large hospitals, said that it was foolish to deny that particles, or germs, did exist, even though they were not discoverable with the microscope.

Dr. J. LEWIS (Glamorgan) said he had had to do with a cottage hospital which was established seven years ago, and he was happy to state that it had been almost self-supporting during the whole of the time, at a cost of about 7s. 6d. a week for each individual. He fancied that in a county like Glamorgan, where lime and stones were cheap, a cottage hospital to contain one hundred beds could be built for about £2400. He was convinced of the value of such hospitals, but felt that in towns large hospitals must be continued to a greater or less extent.

Dr. STEWART (London) said that for certain forms of disease he had long been convinced that, instead of the introduction of what were called refuges for cholera, typhus, and various forms of fever, it would be immensely better to have houses taken as hospitals, to be used for the time, and shut up afterwards. Such hospitals should be placed at convenient distances.

Mr. J. HUTCHINSON, F.R.C.S. (London), contended that Sir James Simpson's statistics should not receive the weight he claimed for them, inasmuch as it was comparatively easy to collect statistics from metropolitan hospitals, but very difficult to obtain anything like reliable or full statistics as to country practice. He pointed out various means by which he thought contagion might be prevented, and amongst other practical measures recommended that fractures, and all operations on bones, should, in general hospitals, be as carefully isolated as possible, as regarded all sources of contagion, aerial infection, from sponges, bedding, nurses, dressers, and instruments. Students in the dissecting-room ought not to be allowed to dress, and dressers and nurses who attended to erysipelas should have nothing to do with wounds. By adopting these suggestions, he thought something might be done to do away with evils that were complained of; and he added that surgeons themselves should be very careful lest hospitals should become the storehouses of contagious matter for diffusion amongst private patients. With regard to lying-in hospitals, he contended that they must end, as they served no useful purpose. The practice of allowing students engaged in dissection, or in dressing erysipelas patients, to attend midwifery, could not be too strongly condemned. Surgeons in private practice should not attend midwifery and erysipelas at the same time.

The PRESIDENT, in closing the discussion, felt bound to say that it had been most interesting and profitable; and in his opinion the question of hospitals was now in a better state, so as to admit of public investigation. The full statistics now given of the cases in London hospitals would place a great array of facts at the service of inquirers. It was for science to determine whether the greatest good could be accomplished by bringing patients into small hospitals, or drafting them into large ones. He had expressed pretty nearly the same views as Sir James Simpson had expressed about small hospitals a good many years ago; and he was still of the opinion that it was an evil to bring a great many people together under the same roof, and that isolation was a great advantage, particularly isolation of the

sick. As to the mortality in lying-in hospitals, there was no doubt it was a most painful and dreadful calamity, and any way of preventing the spread of puerperal fever should be most carefully considered by the profession.

At the termination of the sectional meeting, the concluding general meeting of the Association was held in the Council Chamber. A grant of money in aid of scientific researches was carried on the motion of Dr. Waters; and then, after the passing of certain formal resolutions, the gathering of 1869 resolved into its constituent elements.

DR. BEATTY'S ADDRESS.

In the condensed account of Dr. Beatty's address, published in our last number, and furnished to us by a shorthand writer at Leeds, there is an error which we think it right to point out. Dr. Beatty said—or was represented by the reporter to have said—that a book containing a chapter on the Theory of Painless Extinction was published under the auspices of a Society. This was not the case; the book in question was published in 1838, and we believe that no Society had any share in its production.

Correspondence.

"Audi alteram partem."

TESTIMONIAL TO DR. W. R. SANDERS.

To the Editor of THE LANCET.

SIR,—We beg to send you a copy of a testimonial which was this day presented to Dr. W. Sanders. The testimonial was signed by 296 Students of Medicine of this School, including 32 of the 44 gentlemen who completed their medical curriculum this year by taking the degree of M.B.

We shall feel greatly obliged by your allowing it to appear in the next number of your widely-circulated journal,

And are, Sir, your obedient servants,

JAMES S. CAMERON, M.B., M.R.C.S.
BYROM BRAMWELL, M.B., L.R.C.S.

Royal Infirmary, Edinburgh, August 9th, 1869.

COPY.

To William Rutherford Sanders, Esq., M.D., etc.

SIR,—We, the undersigned Students of Medicine, having heard that you are likely to be a candidate for the vacant chair of General Pathology in the University, in the event of its being rendered vacant by the resignation of Professor Henderson, embrace this opportunity of expressing our high sense of your qualifications for that position. You have for many years enjoyed a well-earned reputation in this School as a Lecturer on Physiology, Pathology, and Clinical Medicine, as a practical instructor in histological anatomy at Surgeon's Hall, and as a zealous clinical observer and teacher in the Royal Infirmary. The fact of your having held, for upwards of fifteen years, the post of Conservator of the Museum of the Royal College of Surgeons, which contains a collection of pathological specimens scarcely equalled, shows the high esteem in which you are held as a pathologist by the members of our profession, and is itself a special qualification as a teacher of morbid anatomy. Your many and original contributions to the literature of medicine, more especially your recondite researches into the pathology of the nervous system, and the healthy and morbid functions and anatomy of the spleen, have given you a very high place amongst the promoters of scientific medicine; while the efficient manner in which the *Edinburgh Medical Journal* has been conducted since it fell into your hands, sufficiently testifies to your literary capacity and to the extent of your medical erudition.

Those of us who have come into actual contact with you cannot refrain from expressing their appreciation of your great forbearance and uniform kindness to your pupils, and the readiness that you have ever displayed to encourage inquiry, as well as the lucid manner in which you have explained all points of difficulty, and the accuracy that has invariably distinguished your statements. We also bear witness to the pleasure with which we have listened to your lectures, and to the instruction they have conveyed; to the painstaking, laborious, and philosophic investigations on which they were based; and to the clear and concise and careful manner of their delivery.

In conclusion, we most sincerely hope that your candidature may be successful; feeling, as we do, that your appointment would sustain the efficiency of the chair, and add to the lustre of our University.

Edinburgh, July, 1869.

THE EFFECTS (!) OF VACCINATION.

To the Editor of THE LANCET.

SIR,—In reference to a note on Vaccination in THE LANCET of July 31st, I may mention that I have recent notes of six cases of children brought to the out-patients' department of the Victoria Hospital for Children with skin eruptions, attributed by the parents indignantly to vaccination. Two of these cases were itch; two were eczema impetiginodes caused by pediculi; one was a well-marked syphilide, but the mother admitted that the child had had snuffles and "a rash" about the anus soon after its birth and before vaccination; and the last case was ordinary lichen strophulus, from dentition.

Post hoc, propter hoc, is an argument just now plied by rich and poor against vaccination; how far or not with truth, cases such as the foregoing may in some measure serve to show.

I am, Sir, your obedient servant,

EDWARD ELLIS.

Warwick-street, Belgravia, August 6th, 1869.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

THE graduation ceremony at the University was on this occasion of more than usual interest. Sir Alexander Grant as Principal and Vice-chancellor, occupied the chair. The attendance of professors was good, seven of those of the medical faculty being present, and amongst them we were glad to see Mr. Syme. Sir Roderick Murchison and Dr. Sharpey were amongst the number of the visitors. In addition to the usual presentation of the graduates in medicine, Professor Macpherson opened the proceedings by presenting, in the name of the Senatus Academicus, Sir Roderick Impey Murchison for the degree of Doctor of Laws, which was conferred by Sir Alexander Grant amidst loud applause.

Professor Balfour, as Promoter of the Medical Faculty, presented the candidates for medical honours. These were divided into (1) candidates for the degree of M.D. under the new statutes; (2) for the degree of M.D. under the old statutes; (3) for the degree of M.B. & C.M.; and (4) for the degree of M.B. alone. The total number of graduates was 76; but two of these had previously received their degrees under special circumstances. Two were abroad, and the degree of M.D. was conferred for the first time in absence; and seeing that under the new statutes no further examination is required after the M.B. and C.M. degrees have been conferred, it is a very proper innovation on the part of the Senatus.

Of the M.B.s of this year, the most distinguished was Mr. George Amsden, who took first-class honours. Byrom Bramwell and George Kincaid Pitcairn took second class.

Under the old statutes, the degree of M.D. was conferred on five gentlemen; under the new statutes this degree was conferred on 26 candidates; 39 received the degree of Bachelor of Medicine and Master in Surgery; whilst 5 took that of Bachelor of Medicine.

The medals for the best theses were two in number. One was awarded to Mr. John Haddon for his thesis "On the Sphygmograph and the Thermometer in Health and Disease;" the other to Mr. John Miller Strachan, whose subject was "The Histology and Functions of the Cerebellum." Those of Drs. Lightfoot, Affleck, and C. Currie Ritchie were commended.

A most interesting part of the proceedings then followed—viz., the conferring for the first time the Ettles Medical Scholarship on the Graduate in Medicine of the University

whom the Medical Faculty may consider the most distinguished amongst the graduates in medicine of that year. It includes all the graduates, both M.D.'s and M.B.'s. It was conferred on Dr. Henry Alleyne Nicholson. This gentleman took the degrees of M.B. and C.M. with honours in 1867, and then gained a gold medal for his thesis "On the Geology of Cumberland and Westmoreland;" he is also a Doctor of Science. This scholarship was founded in 1868 by Miss Mary Ettles, of Inverness, as a memorial of her late brother, John Ettles, merchant, Havannah, and consists of the free annual proceeds of the sum of £1000. It is held for one year.

The address to the Graduates was delivered by Professor Balfour, who said he was called on to take the place of Dr. Henderson, our late Professor of Pathology, and in doing so could not but express his deep sympathy with his colleague in his present trial. In the course of the address he alluded to various changes which had occurred amongst the Professors, and also that for the first time the old custom of defending the theses had been given up. He further observed that a fellowship had this day been founded by the friends of one of our late graduates, Dr. Falconer, an eminent man of science in the department of palæontology, who acquired for himself a high reputation. A sum of £2000 has been raised by subscribers, and the Association for the Better Endowment of the University of Edinburgh has added £500. With this sum the Falconer Memorial Fellowship for the Encouragement of the Study of Palæontology and Geology is now founded, and the first competition will take place next year. It is open to the competition of graduates of science and medicine of the University, of not more than three years' standing. It is held for two years, but in certain circumstances may be extended to four. The announcement of the Fellowship was very appropriately made whilst the University was honoured with the presence of Sir Roderick Murchison. The Neil Arnott Scholarship, value £40, for encouraging the Study of Natural Philosophy amongst medical students, was also announced. After some practical observations suitable to the occasion, Sir Roderick Murchison returned thanks for the honour done him by the University, and expressed his gratification at the foundation of the Falconer Scholarship, and his belief that the day is not very far off when there will be an establishment, by public or private means, of a Chair of Geology Proper, and Palæontology Proper, in this University.

The canvassing for the two vacant chairs goes on actively; but there has as yet been no announcement of the day on which the election to the Pathology chair will take place.

Edinburgh, August 4th, 1869.

THE COLLEGE OF SURGEONS.

AT the Council meeting of the College of Surgeons on Thursday last, the appointment to the chair of Dermatology for the ensuing year was made by the election of Mr. Erasmus Wilson. At the same meeting notices of motion respecting the formation of a board of examiners for a united medical and surgical qualification, and for the examination of candidates at the bedside, were brought forward, and will be discussed on a future occasion.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a meeting held on July 29th, the following gentleman, being an Extra Licentiate, was admitted a Member:—

Baller, Joseph Hogg, M.D. St. And., Gilston-road, West Brompton.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Aug. 5th:—

Allchin, William Henry, Bayswater.
Hobley, Simon Halford, Carnarvon.
Keefer, William Napier, Gall, Canada.
Mason, Hugh Herbert, Burton-on-Trent.
Murdoch, David Beatson, Botherhithe.
Tobin, George, Rainford, St. Helens.
Renshaw, Edwin, Lee, Kent.

The following gentlemen also on the same day passed their first examination:—

Arthur H. Barrow, St. Thomas's; Gordon C. Day, St. Mary's; William T. Law, Guy's; George D. N. Leake and John H. P. Wilson, St. George's; William W. Westcott, University College.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At the quarterly examination held on the 27th, 28th, and 29th of July, the following gentlemen were admitted Licentiates of the College:—

Alcock, Alexander.	Hudson, Henry R.	Sharpe, Christoph. R.
Armstrong, Thomas.	Irvine, Gerard.	Sibthorp, C.
Blakeney, Edward T.	Kerans, Thomas.	Simms, James.
Clarke, Samuel.	Lombard, Daniel.	Skipton, Alexander.
Clements, James.	Mathews, Edward.	St. Lawrence, Abraham P.
Cullen, Owen.	Ormbey, George.	Thompson, Ernest.
Falkner, Robert.	Palmer, Edward.	Widdap, John C.
Henry, Robert.	Plummer, Walter.	

LONDON HOSPITAL. — Mr. J. G. Baker, of Kew, will succeed Dr. Alexander Silver as Lecturer on Botany.

THE yellow fever has made sad havoc on board H.M.S. *Eclipse*. Her captain, the first lieutenant, and sixteen of her crew have fallen victims to the scourge. Captain Harvey (one of the Walmer Harveys) has left a widow and family in this country to regret the loss they have sustained.

IRISH LUNATICS.—From the return issued it appears that the number of dangerous lunatics confined in district asylums in Ireland on the 30th June, 1869, was 2380; and in private asylums, 65. The numbers of idiots and epileptic patients respectively in district asylums were 146 and 446; and in private asylums 35 and 32. We have thus a total of 3104 lunatic persons who are under restraint in Ireland.

AN appointment of some importance has become vacant at St. Thomas's Hospital by the death of Mr. William Johnston, its receiver. As the hospital possesses large landed property, the receiver has considerable responsibility. The treasurer and governors will be fortunate if they succeed in obtaining a successor to Mr. Johnston of equal fitness for the appointment.—*Solicitors' Journal*.

DR. WILLIAMS, the house-surgeon to the North Riding Infirmary, Middlesbrough-on-Tees, being about to retire from that post, has been presented, by the officials, nurses, and patients, with a valuable solid leather portmanteau, as a mark of their kindly feeling towards him.

DR. BRADY, M.P.—The President and Council of the Royal College of Surgeons in Ireland, at their meeting held on Friday, unanimously conferred the high and unusual distinction of the honorary fellowship of their College on Dr. Brady, in recognition of his scientific attainments and untiring exertions in the House of Commons, and elsewhere, on behalf of the medical profession.

Medical Appointments.

ANDERSON, I. H., M.D., has been appointed Resident Surgeon and General Superintendent of the Belfast General Hospital, vice Dr. J. Walton Browne, B.A., M.D., appointed a Medical Officer for the Belfast Dispensary District.

BROOM, C., M.R.C.S.E., has been appointed Medical Officer for the Thorverton District of the Tiverton Union, vice F. Marsdin, M.B., resigned.

CARTER, J., M.R.C.S.E., has been appointed Surgeon to the Bedford General Dispensary, vice R. D. Hacon, L.F.P. & S. Glas., deceased.

CARTER, J. B., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Townships of Chapel-Allerton, Potternewton, Roundhay, and Seacroft, in the Leeds Union.

CLOUTING, J. R., jun., M.R.C.S.E., has been appointed Resident Surgeon to the Royal Sea-Bathing Infirmary, Margate, vice J. M'Carthy, M.R.C.S.E., resigned.

COOMBS, R. H., L.R.C.P.L., has been appointed Medical Officer to the Bedfordshire Middle-Class Public School.

CRAIG, Dr. W., has been appointed Apothecary and Teacher of Pharmacy at the New Town Dispensary, Edinburgh, vice Alexander Milne, M.D., resigned.

DAVIS, Mr. J. A., has been appointed Dispenser to the Birmingham and Midland Free Hospital for Sick Children, vice Mucklow, resigned.

DOW, W. B., M.D., has been appointed Surgeon to the Whitefield and Letnahmond Collieries, vice E. Hoggan, M.D., appointed Medical Officer for the Parish of Morton, Dumfriesshire.

DUNN, Mr. J., late Surgeon to the Ship "Anglesey," has been appointed Assistant-Surgeon to the Bendigo Hospital, Sandhurst, Victoria, Australia.

GIBSON, Mr. J., has been appointed Apothecary to the Glasgow Royal Infirmary, vice Mr. J. M. Shirran, deceased.

HARVEER, J. P., M.A., M.B., has been appointed Physician to the Royal Infirmary for Children and Women, Waterloo-bridge-road, vice J. Braxton Hicks, M.D., F.R.C.P.L., F.R.S., resigned.

HEWITT, Dr. GRAILY, has been appointed Consulting Physician-Accoucheur to the South-Western Provident Dispensary, Denbigh-street, Pimlico.

HIRST, Mr. J., has been appointed Dispenser at the Leeds Union Workhouse Infirmary.

JONES, R. M., M.R.C.S.E., has been appointed Resident Medical Officer to the Brixton, Streatham-hill, and Herne-hill Dispensary, vice Peirce, appointed House-Surgeon and Secretary to the Victoria Hospital for Sick Children.

LAMPITT, C. E. G., M.D., has been appointed Physician to the Sunderland and Bishopwearmouth Infirmary, vice J. Brown, M.D., deceased.

LAND, T., M.R.C.S.E., has been appointed Medical Officer to the Leeds Union Workhouse.

LLOYD, Mr. E. H., has been appointed House-Surgeon to the Westminster Hospital, vice F. S. Palmer, M.R.C.S.E., resigned.

MACNAMARA, A. W., M.B., &c., of Polmont, has been appointed Medical Officer for the Parish of Muiravonside, Stirlingshire, vice R. Moffat, M.D., resigned.

OLIPHANT, J., M.D., has been appointed Hon. Medical Officer to the South Dispensary, Liverpool, vice Dr. A. Davidson, resigned.

POORE, G. V., M.B., M.R.C.S.E., has been appointed Resident Medical Officer of University College Hospital, vice Squarey.

REID, W. L., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for District No. 7 of the Barony Parish, Glasgow, vice T. Reid, M.D., resigned.

RICHES, T., L.R.C.P.Ed., has been elected Medical Officer for the Carleton Workhouse of the Wharfedale Union, Yorkshire.

RYDE, D. H., M.R.C.S.E., has been appointed Medical Officer for the Greenwich Central District of the Greenwich Union, vice H. W. S. Sturton, M.R.C.S.E., resigned.

SMITH, Mr. W. R., has been appointed Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton, vice Dr. L. Russell, whose tenure of office has expired.

STEDMAN, W., M.R.C.S.E., of Hawant, has been appointed Medical Officer to the London, Brighton, and South Coast Railway Provident Society.

STURTON, H. W. S., M.R.C.S.E., has been appointed Medical Officer for the Greenwich West District of the Greenwich Union, vice J. Hollingsworth, M.R.C.S.E., resigned.

WALKER, Dr. H. G., has been appointed Assistant Medical Officer to the Dorset County Lunatic Asylums, Dorchester, vice Clarke, resigned.

WALKER, Mr. E. H., has been appointed Assistant to the House-Surgeon of the Sunderland and Bishopwearmouth Infirmary, vice Thompson, resigned.

WEBB, J. W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for Headingley and Kirkstall, in the Leeds Union.

WELFORD, G., M.R.C.S.E., has been appointed Consulting Surgeon to the Sunderland and Bishopwearmouth Infirmary, on resigning as Surgeon.

WILSON, G., M.R.C.S.E., has been appointed Medical Officer to the Industrial Schools of the Leeds Union.

WRIGHT, H. G., M.B., C.M., has been appointed House-Surgeon to the Cottage Hospital, Darlington.

WRIGHT, H. B., M.B., C.M., has been appointed Resident Medical Officer to the Darlington Infirmary and Dispensary, vice A. O. Hazlewood, M.R.C.S., L.S.A., resigned.

Births, Marriages, and Deaths.

BIRTHS.

CARDEW.—On the 2nd inst., at Hertford, the wife of Dr. Cardew, Inspector-General of Hospitals, of a daughter.

CORNER.—On the 7th inst., at Manor House, East India-road, Poplar, the wife of F. M. Corner, M.R.C.S.E., of a son.

JOLLYE.—On the 1st inst., at Donington, Spalding, the wife of E. W. Jollye, M.R.C.S., of a daughter.

LATHAM.—On the 4th inst., at Cambridge, the wife of P. W. Latham, M.D., Fellow of Downing College, of a son.

PRANCE.—On the 6th inst., at Heathstreet, Hampstead, the wife of Robert R. Prance, M.D., of a daughter.

WILLOUGHBY.—On the 1st inst., at Marquess-road, Canonbury, the wife of Edward F. Willoughby, L.R.C.P., &c., prematurely of a daughter, stillborn.

MARRIAGES.

CORBIN—HARDY.—On the 10th of June, at St. Michael's, Mitcham, South Australia, Thomas Wilson Corbin, M.R.C.S.E., of Riverton, son of the Rev. John Corbin, of Hornsey, London, to Laura Mary Louisa, daughter of Alfred Hardy, Esq., of Adelaide.

SANDIFORD—COSSINS.—On the 9th of June, at St. Mary's, Stoke Newington, George Tyson Sandiford, F.R.C.S.E., Surgeon East Indian Railway, Mogul, Serai, Upper Bengal, to Caroline, only child of the late Henry Dyer Cossins, Esq., of Cambridge.

THORP—SPENCER.—On the 4th inst., at the Parish Church, Ecclesfield, Chas. W. Thorp, L.K.Q.C.P.I., L.R.C.S.I., &c., of Todmorden, elder son of Gabriel Thorp, M.B., of Listowel, Co. Kerry, to Edith, second daughter of Francis Spencer, Esq., of Leaf-square, Pendleton, Manchester.

DEATHS.

BABINGTON.—On the 2nd inst., Thos. H. Babington, M.D., of Londonderry, aged 57.

GRATTAN.—On the 6th inst., at The View, Orrery-hill, Cork, N. Grattan, M.R.C.S.E.

LORD.—On the 1st inst., Henry Lord, M.R.C.S.E., of Boothfold, Newchurch, Manchester, aged 64.

O'GRADY.—On the 18th of June, at Carstivee, Batticaloa, Ceylon, E. H. O'Grady, M.D., late Physician to the British Embassy at Paris, aged 60.

WHEELER.—On the 31st ult., Lowe Wheeler, M.R.C.S.E., of Lionel Villa, Overton-road, Brixton, aged 71.

WRIGHT.—On the 4th inst., Constantine Wright, M.R.C.S.E., of Malvern-road, Dalston, aged 59.

Medical Diary of the Week.

Monday, Aug. 16.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Aug. 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Aug. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, Aug. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Aug. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Aug. 21.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

PARISH MORTUARIES AND PARISH BEADLES.

THE parish beadle is an utterly irrepressible functionary. He may, for some reason or other, or for no reason in particular, choose to adopt a belief of the most erroneous character, and, once adopted, he proceeds to act thereupon, just as though he had a special faculty to protect him from the consequences of his actions. In illustration of this, we need only refer to a circumstance which has lately happened in Marylebone. There the parish authorities have provided a commodious and fitting mortuary house for the reception of bodies awaiting interment, and they have sought to induce the poor of the district to avail themselves of the facilities thus given for the removal of the dead out of the midst of the living, to the obvious advantage of the poor as regards their own health and decent respect for their dead. No charge whatever is made for the use of the mortuary, nothing more being required than an assurance from a householder that the body will be buried at the proper time. The authorities have also provided a post-mortem house, but for the use of it a fee of five shillings is charged previous to the admission of the body; the reason of this charge being sufficiently obvious. It appears, however, that the mortuary has never yet been used; while in the deadhouse at the workhouse no less than a hundred bodies have been deposited since the beginning of the year, most of which ought to have gone to the mortuary. The reason for this has just come to light. The parish beadle has been setting it abroad that the use of the mortuary entails a fee of five shillings, which fee, he said, was paid to the medical officer of health! Of course so absurd a statement would not have been accepted for a moment by intelligent persons; but amongst the ill-informed poor it would pass current as coming from a functionary so eminent as the parish beadle. Called on by the vestry for an explanation, the beadle betrayed so much confusion as to draw down a sharp reprimand on himself. The vestry will do well to take the most effective steps possible to remove the misapprehension caused by this man's stupidity, or the sanitary advantages of their new mortuary will be lost.

WEST HARTLEPOOL: FEES TO A MEDICAL WITNESS.

Dr. Gourley only consulted his own dignity in declining to take the seven and sixpence offered for his evidence. Whoever employed Dr. Gourley is liable, and he would be able to recover in a County Court.

A Dyspeptic.—The question is too general to admit of reply. Our correspondent should consult his own medical attendant.

Mr. Wm. Maguire.—Tomes's book, published by Churchill.

AN "ENCOURAGING" BOARD OF HEALTH.

IF the members of the Whitechapel Board of Works are humane and enlightened men, they must be seriously affected by the long list of sanitary evils existing in their district, and to which their attention has just been called by the Report, for the quarter ending July 3rd, of Mr. Liddle, their able medical officer of health. In the first place, the deaths in the Aldgate district exceed the births, according to statistics. It is believed, however, that this is explained by the fact that many births are unregistered—a state of things which may be in some way accounted for by the desire to evade vaccination, but which, we must not forget, renders crime an easy matter, and very difficult of detection. The mortality of children under five years of age is 40·8 per cent. of the total deaths; but in the Spitalfields sub-district no less than 62·9 per cent. It seems likely also that false certificates of death are given, for 2·1 per cent. of the total deaths were uncertified by any medical man. Well does Mr. Liddle say that a loose mode in the registration of deaths affords facilities for secret murder. In the Whitechapel district during the past quarter the largest proportional number of uncertified deaths has been recorded of any metropolitan district. The list of sanitary work done during the quarter is a long one. The receptacles used by the poor for their drinking water are still almost all unfit for the purpose. Why are no steps taken to remedy this disgraceful matter? It has been pointed out over and over again. Why not abolish them altogether and at once, and increase the water-waste preventers to a sufficient number, so that no poor person may be compelled to drink fouled water? The Workshop Regulation Act is doing good in the district; but the Jews much object to that portion of it which prohibits them working on Sundays. However, sanitary considerations must prevail, and we hope the Board will enforce the Act fully in all its provisions. Two sad instances of the prolonged retention of dead bodies in a room occupied by the living occurred in the quarter. It is true that some blame rests with the parents or relatives of the deceased; but the sanitary officers are powerless to do more to prevent these occurrences than remonstrate with the friends, because there is no mortuary house in the district. Two years ago it was decided to erect one, and a committee had agreed recently as to its site; but it seems that the Board, having heard that their Poplar *confrères* had made some arrangement with the Bow Cemetery Company, referred it to their surveyor to ascertain what arrangements could be or had been made for the purpose. So we suppose that another two years will be wasted, whilst the public safety is unnecessarily jeopardised meanwhile. How can the Board expect the ignorant poor to appreciate the importance of sanitary reforms, when, in fact, by their own delay in adopting them, the Board itself sets so little value upon them. The Board is equally apathetic in providing any disinfecting establishment, the need of which was pressed upon their attention in September, 1867. We have noticed the main points in Mr. Liddle's Report, and hope he will not cease to urge upon his Board the reforms, the utility of which he so well appreciates.

Dr. R. H. S. Carpenter.—Well-informed practitioners do good service by placing the beneficence of vaccination in its true light.

A Subscriber for the last Twenty Years.—See Dick's work, just published.

INDECENT ADVERTISEMENTS.

To the Editor of THE LANCET.

SIR,—At Tewkesbury last week a man, named William Reed, a bill-sticker, was charged before the magistrates with posting a number of indecent publications in the borough. Defendant (who is one of "Dr. Hunter's" men) pleaded guilty, and was fined in the full penalty of £5 and costs; and being unable or unwilling to pay, was committed to Gloucester gaol for a month, it being the determination of the magistrates to put a stop to such proceedings.

Now, Sir, I rejoice very greatly at the deserved punishment inflicted on this agent of disseminating mental poison; but I only regret that his employer, the trafficker in nastiness, could not be reached and punished. But what will you say of, or what do you think should be done by, newspapers which publish weekly such advertisements as those of which I enclose you a sample? You will hardly believe it, Sir, when I tell you that I cut these revolting notifications from the columns of a local journal, which boasts itself a *family paper*, and which you commended some years ago for denying insertion to such disgusting matters. Should not such offenders as this be punished as well as William Reed? I am, Sir, yours truly,

Worcester, August 9th, 1869. NON-PROFESSIONAL.

SEA-SICKNESS.

A MEDICAL correspondent, whose signature we cannot decipher, states that he has recently given tincture of belladonna in from ten to twenty drop doses with two to five drops of chloroform in sea-sickness; that he has seen very good results follow the use of the remedies, and is anxious that others should test their value.

Leap in the Dark will oblige by forwarding us his name and address, in order that a communication may be sent to him.

Dr. Tatham.—To the Civil Service Commissioners.

EXAMINATION AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The complaint of Mr. De Morgan and others admits of a very simple remedy. If the officials of the College do not know how to treat gentlemen with courtesy, let us at once render their office a sinecure. For all purposes, legal and official (civil), the diploma of the College of Physicians is amply sufficient, being recognised by the Poor-law Board; while for the military and naval services the diploma of the College of Surgeons is a nullity.

Yours obediently,

August 10th, 1869. R. L.

BUCKS INFIRMARY.

THE annual general meeting of the Governors was held last week, when, after the usual routine business had been transacted, and a unanimous vote of thanks had been given to the medical officers for their "continued and unwearied efforts" to promote the interests of the institution, the proposition (of which notice was given some time ago) came on for discussion—"That, considering the great increase of patients, it would be advisable to make an addition to the surgeons in ordinary." Something was said by the advocates of the change about its desirability on behalf of the medical men themselves, who were supposed to be overworked; but this was repudiated by the staff, Mr. R. Cecly saying that he "should be pleased if they had 150 beds to attend to; but to talk of dividing 50 beds between five surgeons (there being three at present, besides the house-surgeon) was absurd." And as the more influential among the Governors expressed their determination to be guided by the definite expression of Mr. Cecly's opinion, and to vote against the proposition, it was lost by about 12 to 5 votes.

Inglese.—Communications to the International Medical Congress of Florence should be addressed to Dr. Alfonso Bos, Via Sant' Ambrogio, No. 14, Florence. It is very likely that the meeting will take place towards the 25th or 26th of September, instead of the 20th, as a German Medical Congress at Innspruck is fixed for the 18th, and will last up to the 24th. This change is suggested to give every facility to visitors from Germany.

Dr. Roberts.—The circular is beneath notice.

THE NETLEY APPOINTMENTS.

To the Editor of THE LANCET.

SIR,—I am not anxious to reply any further to your correspondent, "L.;" but your remarks in to-day's LANCET induce me to address you.

The original statement made was, that a certain party was trying to convert the "nominally temporary appointments at Netley into permanent ones." This must now be admitted as a fact. "Sufficient unto the day," &c., quotes your correspondent. *Ergo*, say I, it is allowed that there is an attempt to put off what is called "the evil thereof" by reappointing the same men. *Ergo*, the original statement is true.

From your article, however, you seem to acknowledge the necessity, said to exist, for the reappointment of the assistant-hygeist. This I deny altogether; but do not wish to say more than that the same measure should be meted out to all the assistant professors which is given to one; and, further, that, if this be done, the world ought to know that these appointments are really *perpetuities*, and not "make-believes."

Let us take care, however, lest we set up *specialties* as our gods, and then fall down and worship our graven image. Military surgeons ought all to be hygeists, surgeons, physicians, and accoucheurs; and although perfection in all things is not attainable by all, yet in a profession like ours *no specialty should rule the roost*. THE LANCET used not to be in favour of "specialties," and I can scarcely think that its Editor intended in his observations on this subject to suggest that one set of rules in the public service should apply to a hygeist which did not apply to a physician. If the assistant hygeist is to hold his appointment for years, the assistant physician, surgeon, and pathologist are entitled to the same consideration; and if so, let us know it. If specialties are admitted, and as such honoured, we shall soon be subdivided into chiropodists, homœopathists, and I know not what "ists" besides; for even now some men in the service worship operative surgery alone, and despise the rest. I am, Sir, yours, &c.,

August 7th, 1869. X.

*** Our correspondent is right in saying that we have no particular partiality for "specialties;" but we think there is such a thing as setting up an arbitrary law, like that of the Medes and Persians, to the detriment of the public interests. We made an exception in the case of hygiene for the special reasons stated, and the opinion we expressed last week was based upon what we deemed best for the public service, the medical department, and the Netley School. We have no reason to doubt, however, that the regulations under which these appointments were originally made will be adhered to.

BRITISH AND FOREIGN DEGREES.

Dr. Hitchman says: "The German doctorate can be obtained by no man at the present time, be his British or Irish qualifications what they may, without a satisfactory performance of the regular clinical, oral, and written exercises in that case made and provided." Our correspondent is to publish a book on the subject in answer to Sir Dominic Corrigan.

Observer.—Thanks. The case of Lee *versus* Mawson shall be noticed next week.

SLUGS.

To the Editor of THE LANCET.

SIR,—In reply to your correspondent, "A Sufferer, M.R.C.S.," I would suggest that he ascertain the place of ingress of the slugs to his premises, and sprinkle the whereabouts with a lotion of creasote in water, say ten minims to ten ounces of water. I have found it an effective remedy in preventing them attacking plants in my garden, especially cucumbers; a slight sprinkling over the frame of the bed completely keeping them at bay.

Yours truly,

Narberth, August 11th, 1869. MAURICE G. EVANS.

To the Editor of THE LANCET.

SIR,—"A Sufferer" should see that his cellars and other places where the slugs occur are carefully freed from lumber of all sorts, and thoroughly washed. Afterwards they should be dusted with quicklime several times, and the lime-dust should be blown by means of a bellows into all the crevices on the floor. Yours, &c.,

August 7th, 1869. M.D.

To the Editor of THE LANCET.

SIR,—Your correspondent should purchase one or two hedgehogs, and let them loose at night. They will soon clear his house of slugs.—Yours, &c.,

August, 1869. NERO.

A NEW MEDICAL APPOINTMENT.

Student sends us an interesting intimation in a journal called the *Budget*, to the effect that the philanthropic and enterprising proprietors have put on the staff a medical adviser to give advice to correspondents: "Directions for the treatment of slight ailments will be given as usual in our columns; but all maladies of a serious nature will be dealt with by a letter direct from the physician, who will supply full instructions and prescriptions. As this will occupy much of the time of a professional man, of course a fee will be charged; but we have arranged that the fee shall be at a most nominal rate—namely, from 2*s.* 6*d.* to 10*s.* 6*d.*, according to the nature of the case, but it will in no instance exceed the latter sum." This will probably be a considerable rise to the gentleman who lends himself to this arrangement.

Flourine.—The decayed part must be thoroughly removed before any preparation or stopping is applied. Of course gold is the best kind of stopping, but it is not applicable to all cases. The advice of a dentist must be sought. It is quite impossible to say what per-centage of the population wears false teeth.

Dr. Constable, (Leuchars.)—The paper will be inserted next week.

ON GALACTORRHŒA.

To the Editor of THE LANCET.

SIR,—There can be no doubt many external impressions materially influence the secretion of milk, both as regards quality and quantity. One frequently sees the sudden suppression of milk under great mental shock—as, for instance the falling dead of a friend, or intense fear from fright. We cannot, therefore, wonder at the presence of a delicate female's offspring—a primipara, too—having an opposite influence upon the lacteal secretion, and that it does there can be no doubt. The cry of the infant is of itself enough to excite the mammæ in most females; in others sufficient to cause the draught to flow into them. The first thing, then, that naturally suggests itself is the removal of the child to a room far enough off that its cry cannot be heard, and the infant brought to the mother at stated intervals. The breasts should be strapped with plaster, and I find one composed of lead, resin, and belladonna, cut into strips, of the most service, as it adheres well, which is most important, as the bosoms should be tightly and closely supported and compressed. Very great relief is given by the following mixture: iodide of potash, one drachm; tartrate of potash, six drachms; chlorodyne, half a drachm; cinnamon water, to six ounces. A sixth part thrice daily. Particular attention should be paid to the state of the uterus and ovaries, as disease, functional or organic, of these organs produces a decided effect upon the mammary gland, and increases its activity; as will too much sexual excitement. As regards diet, I may add that a light unstimulating food of a nutritious character, with little fluid, and no tea, is the best for the comfort of the patient. When the quantity of milk has become limited, and not excessive, I take off the plasters, and support the breasts with well-fitted stays, at the same time gradually decreasing the doses of the iodide of potassium, and complete the treatment with a tonic composed of iron and quinine.

Yours obediently,
Newington-causeway, August, 1869. JOHN TANNER, M.D.

M.D.—The other practitioner may not have known the prior history of the case. If he did, though bound to show respect for our correspondent in the case, to the extent of seeing that he was either consulted or informed, he was not, we think, called upon absolutely to refuse to take the case if the patient wished him to do so. It is better for the profession and its reputation that its members should allow perfect freedom to their patients so long as respect and courtesy are shown.

L.S.A.—We do not agree with our correspondent in his explanation of Mr. Taylor's conviction. The breach of the Medical Act was not in not being registered, but in using a false title.

Dr. F. Jay is thanked. The advertisement shall not appear again in THE LANCET.

THE GLASGOW OPHTHALMIC INSTITUTION.

To the Editor of THE LANCET.

SIR,—Permit me a short notice of your correspondents, "Medicus" and "M.D. Glasgow."

"Medicus" says, *inter alia*: "The 'Chair' was *never heard of till it was suggested and agitated for by Dr. Wolfe*, who was successful in enlisting a medical trustee and manager to advocate his cause. The *form* of advertising was, no doubt, gone through. *Had not Dr. Wolfe come to Glasgow*, however, *such an institution* and "lectureship" *would* probably *never have been heard of.*"

These are very precise averments, and I ask you to contrast them with data, from which you can form your own judgment as to the reliable character of the statements proceeding from, and the information possessed by, "Medicus." Immediately after the death of Dr. Mackenzie, in July, 1868, Dr. David Smith, of this city, addressed a printed letter (a copy of which is now before me) to the Managers of Anderson's University, and to its Secretary, Mr. Ambrose, writer, setting forth very sound reasons why there should be a course of lectures on Ophthalmic Surgery "in connexion with the institution," announcing his intention "to commence in November next such a course," asking permission to deliver them in the University, and explaining that he made the application "in view of the approaching winter session." This application was followed up by a personal canvass. The proposal excited so much attention, and was so freely discussed by the Managers, the Lecturers, and the general profession, that I only excuse the ignorance of "Medicus" on the supposition that he is himself *the* "Country Subscriber." At this date Dr. Wolfe had not come to Glasgow, but was practising his profession in Aberdeen. All this is matter of public notoriety. "The secret history of the Chair," to which "Medicus" alludes, I am not conversant with. I am not, and never have been, a Manager; but as one of eighty-one Trustees, I know all that is on record. The Managers—a body of nine gentlemen, specially selected for high social position, intelligence, and public spirit—consulted formally during October, 1868, with the Medical College, or joint body of medical teachers, as to the propriety of establishing the lectureship suggested; and after receiving a joint reply in approval, and having been advised and encouraged by individual teachers, they issued the advertisement, dated November 4th, 1868, which I herewith enclose. This advertisement appeared in repeated insertions in the *Glasgow Herald*, and also in the *Mail* and in the *Scotsman* newspapers. We have thus reached a stage at which the "lectureship" had been *suggested*, had actually been *instituted*, and candidates had been *advertised for* in *reality*, not in *form*. At this date Dr. Wolfe had come to Glasgow; but at this date "Medicus" says "he was a stranger, little known to anyone, and had his position to achieve." At this date, also, Dr. Smith addressed a second letter (Nov. 12th) to the Secretary and Managers, referring to the advertisements, and stating that he was not a candidate, adding, "I think it necessary to make this intimation, *as the proposal for the establishment of a course of lectures in Anderson's University originated with me*; but, with every respect, it was never my intention to become a candidate for that honour." At this date Dr. Wolfe was not appointed, nor was any further action taken by the Managers towards an appointment. But in March, 1869, the proposal was revived. Advertisements were again freely issued for candidates; and in April, 1869, Dr. Wolfe was actually appointed, the inference naturally deducible being that he had *now* become known, and *had achieved* his position. But we are now dealing with the statements of "Medicus" as to the early stages in the establishing of the "lectureship;" and, from the date laid before you, any dispassionate reader, and "Medicus" himself, can characterise what I shall call, "putting it in the mildest form, the inaccuracy of his statements." I suppose I may now be excused from proceeding further with his measure. *Ex pede Herculem!*

Your correspondent, "M.D. Glasgow," says some of my statements are "at variance with facts," and, in illustration, he cites an instance, presumably the strongest he can adduce—viz., that Dr. Wolfe's election "was practically unanimous." I shall furnish the facts, and "M.D. Glasgow" shall select his own mode of expressing them. At the meeting, March 22nd, 1869, against the Managers' motion that the appointment should be made, there was proposed and seconded an amendment for its delay. "The vote having been taken," say the minutes, "the scrutineers reported that 4 voted for the amendment, 30 for the motion, and one had declined to vote." At the following meeting for the election, April 2nd, 1869, the minute says, "no other person having been proposed, the election was proceeded with *by ballot*. 17 voted for Dr. Wolfe; one declined to vote." Now *I* call this "practically unanimous."

The fact that I am not a Manager, and consequently not *the* Manager, whose persuading tongue or despotic influence wheedled or overawed the eighty-one Trustees, may turn from me some of the angry feelings evoked by the position achieved and progress made and maintained by Dr. Wolfe; and it may even be that I shall escape altogether from the wrath of "Medicus" and "M.D. Glasgow" when I avow that I did not propose, nor second, nor speak for, nor vote for Dr. Wolfe, nor was I even present at his election. In my first communication I have said that inquiries, induced under a sense of public duty, satisfied me that Dr. Wolfe, previously a stranger to me, was the right man in the right place, when placed as a public teacher in Anderson's University. It has since been a matter of regret to me that, having that conviction, I was unable from accidental causes to give him my vote and effective support. It is now under feelings of sympathy and of indignation that I come forward and lend him my small aid in brushing away his ungenerous but short-sighted detractors.

I am, Sir, yours, &c.,
A MEDICAL TRUSTEE OF ANDERSON'S
August, 1869. UNIVERSITY.

To the Editor of THE LANCET.

SIR,—In accordance with your expressed opinion that an explanation ought to be given of the position of the institution with which my name is connected, a statement, authenticated by other gentlemen, was published in THE LANCET of July 24th. After that explicit statement, that the institution is a *bonâ-fide* public charity, and not private consulting-rooms, and that nothing has been done by me that could in any way hurt the susceptibility of the profession, I am quite content to rest its relation to the profession upon that explanation given; and I do not feel called upon to reply further to a mass of misrepresentations of anonymous correspondents.

In repudiating the insinuations of these champions of professional propriety, I must equally disclaim their unintended compliment, to the effect that but for my arrival in Glasgow and agitation, "the Chair of Ophthalmic Surgery would never have been heard of," inasmuch as one medical practitioner issued circulars and canvassed for the lectureship before my arrival in Glasgow, whilst I did not canvass a single trustee for the appointment.

I am, Sir, yours, &c.,
Shaftesbury-terrace, August 10th, 1869. J. R. WOLFE.

*** We cannot insert any more letters on this subject.

Mr. Hime, (Sheffield.)—We think that any respectable man who refutes the anti-vaccination nonsense that is abroad does good service. We have seen the misrepresentation of the Sheffield facts to which our correspondent alludes, and would be glad to hear of their being placed in their true light.

F. J., (Fairfield.) — We cannot name any individual. A member of the College would give the information required.

Medicus.—There is no fixed rate of pay. The fees vary in different counties from a guinea per day. An extra guinea per day should be allowed where travelling is involved.

Aspirans.—Consult the last Students' Number of THE LANCET.

ON THE USE OF PATENT INDIA-RUBBER SPONGE FOR SPLINT PADS.

To the Editor of THE LANCET.

SIR,—Allow me to confirm, in the strongest manner, the remarks made by Mr. Stretton on the above material in the first volume of THE LANCET for this year, page 583. It has been used here in several cases of fracture, with great comfort and benefit to the patients. The suggestion by Mr. O ver Pemberton, of Birmingham, as to its employment in aneurism and hern a is very valuable. I shall be glad to hear of its being used and reported on in the London hospitals; and I beg respectfully to bring it under the notice of the Medical Directors-General of the Army and Navy, who may be induced to order a trial of it at Netley and Haslar, or some of the other hospitals under their control. The patentees are Messrs. P. B. Cow, Hill, and Co., Cheapside.

It is perhaps scarcely necessary to add that I have no pecuniary interest in the patent, and that I send this note solely on professional grounds, being desirous of doing what I can to bring into notice a very useful and valuable surgical appliance. Your obedient servant,

Kidderminster Infirmary, Aug. 9th, 1869. JOHN ROSE, M.D., R.N.

STOCKTON COTTAGE HOSPITAL.

AT the general meeting last week of the supporters of this excellent institution, the salary of the house-surgeon came under consideration upon an application for an increase. It seems that five years ago Mr. Howson began with a salary of £10 for the first year, £15 for the second, and £20 for the third; but no further provision being made for a rise, he has continued to receive £20 only for the fourth and fifth years. It was admitted with gratifying unanimity that he was most inadequately paid for his most valuable services, and a decision was cordially taken to raise the stipend to £30 a year, the Chairman personally stating to him that "they all considered him to be underpaid, and that the institution was greatly indebted to him for his services."

Dr. Crisp.—We cannot publish any more letters upon the question referred to.

FEMALE MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—The "pertinacious importunity" of certain would-be female doctors appears to have prevailed with the authorities of the University of Edinburgh, and it is stated that women are to be admitted as students and graduates of that once famous School of Medicine. Is it possible to prevent such a calamity? Let graduates and undergraduates unite in an attempt to do so. The students have already shown themselves very much opposed to the admission of females to the medical classes. Let those of us who can go a step further, and refuse to attend the lectures of those professors who, for the sake of an anticipated increase of their emoluments, are willing to degrade the University, and sacrifice our interests. Let intending male students keep away from Edinburgh altogether, and let it be shown that if the University professors undertake to teach medicine to strong-minded women, they shall cease to teach men. Convince them of this and our object will be attained.

Your obedient servant,

August 3rd, 1869. A MEDICAL STUDENT.

Layman.—The lymph used in vaccination should be the fluid contained in a vaccine vesicle at a particular stage of its development. This vaccine vesicle may be either spontaneous—occurring in a cow from unknown causes—or artificial, produced by inoculation. It may be thus artificially produced by inoculation on a heifer or on the human subject; and the lymph now commonly used was originally derived from the spontaneous disease of the cow, and has been transmitted through many human beings. It has been conjectured that the original source of cow-pox was the accidental inoculation of a cow from the greasy heels of a horse; but the conjecture is in the last degree improbable. The word "pure," in strict language, can hardly be applied to lymph at all; but, if so applied, may be taken to mean that which is furnished by a healthy child or animal, and taken at the right time.

Mr. Foster.—Many thanks. We had already received an account of the meeting from our own reporter.

MILITARY SURGERY.

To the Editor of THE LANCET.

SIR,—With reference to the paragraph in your impression of the 7th inst., headed "Military Surgery," I quite agree with you that it is unprofessional to publish articles on medical subjects in non-medical papers.

The notice which appeared in the *United Service Gazette* about the operation I performed on the shoulder-joint was sent to that paper without my knowledge, and I was unaware of its existence until the receipt of your journal of Saturday.—Yours obediently,

J. H. PORTER, Surgeon, 97th Regiment.

Norman-street, Dover, August 9th, 1869.

Spectator.—The circular is very discreditable. Unfortunately similar things reach us in numbers every week.

W.—We cannot answer the first question. The individual inquired about was lately at Glasgow with a travelling circus.

Mr. Josiah Mason and *Dr. Gully.*—The letter to the *Birmingham Daily Post* is in bad taste, or rather that part of it in which the writer refers to his own services.

BERRY DEFENCE FUND.

To the Editor of THE LANCET.

SIR,—The Committee will be obliged by the insertion of the following list of subscriptions:—

Amount already acknowledged ...	£30	11	6
Dr. G. F. Blandford	1	1	0

The Committee will meet at Charing-cross Hospital on Friday evening at seven o'clock.

Yours truly,

Charles-street, Soho, Aug. 11th, 1869. E. SANDWELL, Hon. Sec.

M.D., a Twenty Years' Subscriber.—It is not usual to institute any comparison between the two degrees, as they are of the same class. It is probable that a little more *prestige* may attach itself to the London degree, and preference would be given to one holding it in the case of an hospital appointment in England.

A Sufferer.—The writings of Dr. C. B. Radcliffe, Dr. Burrows, or Dr. Russell Reynolds might afford the information required.

POISONOUS DYES.

To the Editor of THE LANCET.

SIR,—In reference to this subject, I have to say that during a long residence in California, I (and I make no doubt every other practitioner there) have seen many such cases. A belief exists amongst miners and mechanics in that country that red flannel not only cures, but prevents rheumatism, and the consequence is that this material is very generally used. Some kind of red flannel produces, when first worn, a painful eruption wherever it comes in contact with the body. I have seen this so often, that when a miner came to consult me as to an eruption, to save time, the first question I used to ask was, "Do you wear red flannel?"—Yours sincerely,

Dresden, August 2nd, 1869. R. R. NUTTALL, M.D., &c.

THE INQUEST AT QUARRY BANK.

Messrs. Walker and Ashmead send us another version of the facts brought out at the inquest, though not, we think, necessitating any material alteration in our views. These gentlemen explain that their order to make the post-mortem was accompanied with a request to them to make it early, as decomposition was advanced. We still think they should have intimated the arrangement to the medical men who had attended the deceased. According to the report sent us, there was peritonitis and a large rupture of the back of the uterus. "Rupture of the womb," they properly say, may occur with the most careful and experienced.

Dr. Fairbank.—In our next impression.

NEW SYDENHAM SOCIETY: BIENNIAL RETROSPECT.

To the Editor of THE LANCET.

SIR,—It is quite possible that some errors have crept into the Sydenham Society's Biennial Retrospect for 1867–8. Only those who have tried to do such a work know the harassing and tedious character of it. But I humbly submit that a gentleman like your correspondent, Mr. Cooke, who has never met with the word "necrobiosis," is not quite a competent critic. It happens that there is no better known word in modern microscopic pathology.

I am, Sir, yours faithfully,

August, 1869. THE EDITOR OF THE MEDICINE REPORT FOR 1867–8.

DR. BEATTY ON POPULATION.

WE have received a letter from *Dr. Edmunds*, a member of the Council of the Dialectical Society, in regard to the allegations contained in our report of Dr. Beatty's address at Leeds. Dr. Edmunds states that there is no foundation in fact for the imputations therein conveyed against the members of the Dialectical Society, and that we shall receive an explicit communication next week from the Council of the Society on this subject. It will be seen in another column that we have already corrected the erroneous statement that the book referred to by Dr. Beatty was published under the auspices of the Society.

TREATMENT OF SCIATICA.

To the Editor of THE LANCET.

SIR,—Perhaps some of your readers will kindly afford their opinion of the most successful treatment in the case of prolonged and obstinate sciatica. All the usual remedies have failed under the treatment of myself and others.

Yours obediently,

August 5, 1869. M.D.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Hyde Salter; Dr. Brown-Séquard; Dr. Vernon, Southport; Dr. Parkes, Southampton; Mr. Cunningham; Dr. Brady, M.P.; Dr. Chas. Elam; Dr. Wolfe, Glasgow; Dr. Ellis; Dr. Blanc; Mr. Prichard, Bath; Mr. Maltby; Mr. Sandwell; Mr. Weekes; Mr. W. James, Wrexham; Dr. Fry; Mr. Doyle; Mr. Hopton, Wednesbury; Dr. Wright, Durham; Dr. Duke; Mr. Lloyd; Mr. Willmott; Mr. Bedolfe, Dulwich; Dr. Breckenridge, Louisville; Mr. Porter, Dover; Dr. Tatham; Mr. Gomm; Mr. Dobbin; Dr. Hall Davis; Dr. Macfarlane, Polmont; Dr. Peskett; Mr. Hughes; Mr. Haines; Dr. Hartree; Mr. Key; Mr. Holden; Dr. Sheppard, Woolpit; Mr. Jeynes; Mr. Smith; Dr. Evans, Narberth; Mr. Carter, Eynsham; Mr. Walker, Corwen; Dr. Brunwell, Edinburgh; Mr. Webb; Dr. Crisp; Mr. Grant; Mr. Parsons; Dr. Lewis; Mr. Osbaldeston, Hatfield; Dr. John Tanner; Mr. Perrin; Mr. Jollye, Donington; Dr. Prowse, Amersham; Dr. Brown; Mr. R. Winstanley, Wigan; Mr. Kirby; Dr. Jay, Acle; Mr. Crampton, Dursley; Mr. Moody; Dr. Howard, Stafford; Dr. Woods, Southport; Mr. Bellamy; Mr. Sharp, Cullen; Dr. Thorp, Todmorden; Mr. Rowland, Bedford; Mr. Arkwright, St. Ives; Mr. Sinclair; Mr. Jeffery, Epsom; Mr. Foster, York; Dr. Carey, Limerick; Mr. Brewe; Mr. Appleyard; Dr. Willoughby; Mr. Bedford, Kegworth; Dr. Brakenridge, Edinburgh; Mr. Hanbury; Mr. J. Farren; Dr. Fleming; Dr. Bates, Manchester; Dr. Roller, Berlin; Mr. Tarpeon, Sheerness; Dr. Constable, Lenchars; Mr. Hilson, Yarm; Mr. Hooker; Dr. Williams, Menai Bridge; Mr. Hyslop, Church Stretton; Mr. Jessop; Mr. Hirst; Dr. Ward; Mr. Brazier, Aberdeen; Mr. Brown, Mountain Ash; Dr. Porteous, Liverpool; Mr. Colman; Mr. Seymour; Mr. G. Adams; Mr. Sykes; Mr. R. Jobini; Messrs. Walker and Ashmead, Brierly Hill; Dr. Agnew, Toronto; Mr. Pratt; Mr. Gamgee, Birmingham; Mr. Farr; Mr. Carr; Dr. Rose, Kidderminster; Dr. Hitchman, Liverpool; Dr. Ware; Dr. Ilderton, Fairfield; Mr. Sandiford, Folkestone; Dr. Fairbank, Mudeon; Mr. Gold; Mr. Wheatley; Observer; J. C. S.; R. L.; Layman; Fidens; Aspirans; Sufferer; Medicus, Sheffield; A Physician; Diganmma; Sigma; Studens; A Surgeon on Furlough; L.S.A.; J. B.; An Allopath; C. A. W.; L. T.; S. R.; Flourine; X.; Non-Professional; M.D., Chester; &c. &c.

Toronto Evening Globe, Brighton Guardian, Monthly Microscopical Journal, Bucks Herald, United Service Gazette, New Brunswick Morning Freeman, Sherborne Guardian, Marylebone Mercury, Toronto Leader, Sporting Life, Birmingham Daily Post, Chicago Medical Times, Lincolnshire Chronicle, Southport Visitor, Gateshead Observer, Clerkenwell News, Brighton Gazette, Manchester Guardian, Scarborough Gazette, Toronto Daily Telegraph, and *Redditch Indicator* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£3	13	0
For every additional line	0	0	6	For a page	5	5	0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.